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1990




The Regional Municipality  
of Hamilton-Wentworth

# ANNUAL REPORT 1990

**DEPARTMENT OF PUBLIC HEALTH SERVICES**

A TEACHING UNIT AFFILIATED WITH McMASTER UNIVERSITY





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**Annual  
Report  
1990**

**The Regional Municipality of Hamilton-Wentworth  
Department of Public Health Services  
A Teaching Health Unit Affiliated with McMaster University**

## Locations

### 25 Main Street West, Hamilton, Ontario L8P 1H1

Administration (4th Floor) . . . . .	546-3500
Dental Administration (9th Floor) . . . . .	546-3566
Inspection Services (2nd Floor) . . . . .	546-3570
Mental Health (5th Floor) . . . . .	546-3597
Nursing Administration (4th Floor) . . . . .	546-3500
Nursing Services (5th Floor) . . . . .	546-3547, 3549
Nutrition Services (4th Floor) (7th Floor) . . . . .	546-3523, 3630
Prenatal (4th Floor) . . . . .	546-3591
Sexually Transmitted Diseases (5th Floor) . . . . .	546-3543
Teaching Health Unit Program . . . . .	546-3526

### 115 King Street West, Dundas, Ontario L9H 1V1

Birth Control Clinic . . . . .	628-6325
Data . . . . .	628-6337
Nursing Services . . . . .	628-6325

### 775 Upper Wentworth Street, Hamilton, Ontario L9A 4V7

Nursing Services . . . . .	546-3588
Preventive Dental Services . . . . .	546-3619

### 2757 King Street East, Stoney Creek, Ontario L8G 1J3

Nursing Services . . . . .	546-3645
School Services . . . . .	546-3648

### 99 King Street West, Stoney Creek, Ontario L8G 1H9

Birth Control Clinic . . . . .	664-2554
. . . . .	561-2182

### 100 Main Street East, 2nd Floor, Hamilton, Ontario L8N 3W6

Child and Adolescent Services . . . . .	546-3678
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### 1945 King Street East, Hamilton, Ontario L8K 1W2

Child and Adolescent Services . . . . .	545-3093
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### 107 Hess Street North, Hamilton, Ontario L8R 2T1

Dental Clinic Services . . . . .	529-2217
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### 351 Roxborough Avenue, Hamilton, Ontario L8H 1R1

Dental Clinic Services . . . . .	547-9508
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### 21 Hunter Street East, 3rd Floor, Hamilton, Ontario L8N 1M2

Alcohol and Drug Services . . . . .	546-3606
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#### Mailing Address:

The Regional Municipality of Hamilton-Wentworth  
Department of Public Health Services  
P.O. Box 897  
Hamilton, Ontario L8N 3P6



## Summary

The Hamilton-Wentworth Department of Public Health Services (DPHS) embarked on major changes in 1990 with the introduction of its program approach to describing and organizing its activities. Hamilton-Wentworth followed the lead of the Ontario Ministry of Health's Mandatory Programs and Services Guidelines for Public Health which were published in 1989. In 1990, budgeting and accounting within the DPHS began to be conducted on a program basis and, for the first time, this Annual Report is presented according to programs in the Department. In 1990, there were 23 such programs. These are expected to change in number and content as Hamilton-Wentworth health needs change and knowledge of the determinants of health increases.

Major initiatives were taken by the DPHS to reduce educational, social and environmental barriers (equal access) to accessing public health programs. The DPHS also supported programs on healthy adolescents, healthy adults, healthy elderly, tobacco use prevention, substance abuse prevention, nutrition promotion, physical activity promotion, reproductive health, sexual health, sexually transmitted diseases including AIDS, vaccine preventable diseases, tuberculosis control, outbreak control, infection control in institutions, food safety, rabies control, emergency response, and non-communicable disease investigation. Health units are required to monitor the health of their community and ensure that its health is maintained. "Ensure" refers to either the health unit providing services or facilitating a process whereby a group/agency in the community addresses the health issue. The programs of the Hamilton-Wentworth Department of Public Health Services (303 staff in six locations throughout Hamilton-Wentworth) address the issues outlined in the Mandatory Programs and Services Guidelines. Programs have professional staff in fields such as medicine, nursing, nutrition, public health inspection, dentistry, and epidemiology.

The Healthy Children Program continued to be a key initiative of the DPHS in 1990. Highlights were: alternative post-partum services where a health promotion focus for parent-child clients was developed; the "Nobody's Perfect" parenting classes; the "Parent Talk" telephone information line; and, prenatal and post-partum classes for Vietnamese and Spanish speaking people. In addition, child care centres received in-house consultation on the new Canadian Guidelines on "Promoting Nutritional Health during the Preschool Years".

Environmental issues continued in the forefront in 1990, both for the DPHS staff, and the Health and Social Services Committee. Concerns about water quality in Flamborough, for example, were thoroughly investigated.

DPHS staff prepared to implement the requirements of the Freedom of Information Act (Ontario) for January, 1991. This Act is designed to provide maximum information from reports and files without compromising the rights of individuals regarding confidentiality. It is expected that public requests for information will require more scrutiny and processing to enact the provisions of the Act.



In 1990, the DPHS renewed its commitment to inter-professional and inter-departmental cooperation across programs and divisions. Six departmental committees took on key responsibilities to ensure this cooperation. These were: the Management Committee, the Health Promotion Committee, the Education Committee, the Research Committee, the Concept Committee (on Program Implementation), and the Library Committee. Each of these committees has representatives from throughout the DPHS and is charged with providing DPHS leadership and coordination in the areas for which they are responsible. In addition to these committees, the Teaching Health Unit Liaison Committee with senior representatives from the DPHS and the Faculty of Health Sciences, McMaster University provided a forum to monitor the direction of those Teaching Health Unit activities which involve the integration of service, education and research.

The DPHS within the Regional Municipality of Hamilton-Wentworth (population 430,000) is a Teaching Health Unit affiliated with McMaster University. In total there are 42 health units in Ontario all of which operate under the Health Protection and Promotion Act (1983). The seven Health Units which are designated as Teaching Health Units encompass undergraduate, graduate and continuing education of public health professionals, as well as educating other health professionals towards a public health perspective. Research in Teaching Health Units is directed toward identification of the determinants of health, public health planning, program evaluation and policy analysis.

In this Annual Report, the description of the activities of the DPHS programs includes the education and research activities which occurred in each program in 1990. The Library within the DPHS was busier than ever thus making a significant contribution to the continuing education of DPHS staff and faculty. Nursing, medicine, community nutrition, graduate and other student involvement in the DPHS continued to grow. Research activities also grew substantially with projects financially supported by such external agencies as the Ontario Ministry of Health, the Ontario Ministry of Transportation, and the National Health Research and Development Program of Health and Welfare Canada. In 1990, work began on the development of the DPHS five-year strategic Teaching Health Unit plan as requested by Dr. Richard Schabas, Ontario's Chief Medical Officer of Health, during his April 1990 visit to the Department.

This 1990 Annual Report is organized according to the health programs for which the DPHS is responsible. The Table of Contents of this report lists the programs except for the Equal Access Program, the Teaching Health Unit, Community Health Status Information programs which are presented within the listed programs. Each program is described in terms of its goal, program activities and education and research activities. A new section entitled "News" has also been added to report on key DPHS events in different programs and divisions. The Report ends with a list of people in the DPHS in 1990 and a list of scientific publications in 1989 - 1990.

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# **Mission Statement and Guiding Principles of The Hamilton-Wentworth Department of Public Health Services**

## **Purpose**

To achieve optimal health for the community.

## **Mission Statement**

We strive for a healthier community through excellence in health promotion, health protection and disease prevention programs and services.

## **Guiding Principles**

We believe that:

Health is a resource for living consisting of physical, mental and social well being.

People in our community are entitled to accessible, coordinated and comprehensive services.

Individuals have a right to informed choices regarding their health and to participate in the development of policies which support health.

People have a right to accept or reject services offered by the Department of Public Health Services to the extent permitted by law.

We have a leadership and facilitative role in identifying community health needs, strengthening and implementing specific community initiatives, and developing public policies which support health.

Partnership with the community is essential to assess, monitor, protect and alter the environment to promote well-being.

Legislation directed at promoting and protecting the health of the community shall be supported and enforced.

Public health programs should be guided by assessed needs and ongoing evaluation.

Unique and complementary roles of the disciplines with the Department of Public Health Services contribute to excellence in public health interventions.

The integration of service, education and research activities is essential in maintaining excellence in community health services.

May 1990

## **Letter from Councillor Dominic Agostino Chairman, Health and Social Services Committee**

My activities in 1990 with the Health and Social Services Committee and the Department of Public Health Services (DPHS) were particularly rewarding.

As chair of the Hamilton-Wentworth AIDS Prevention Task Force, I was pleased to see this group's report published. A crucial initiative following the Report was the establishment of the AIDS Prevention Task Force Implementation Subcommittee.

The 1990 DPHS budget identified the need for 30 additional staff positions. Approval was received for 15 new staff (11 professional and four support staff) and the DPHS increased its activities in the Food Safety, Healthy Children, Nutrition Promotion and Tuberculosis Control programs. Other programs or expansions of programs will be phased-in in 1991 and 1992 to comply with Ministry of Health recommendations..

The Ontario Ministry of Community and Social Services approved the move of the Child and Adolescent Division to its new location on Main Street East in Hamilton. MPP David Christopherson, and Regional Chairman, Reg Whynott, representatives from the Health and Social Services Committee, staff and community agency representatives attended opening ceremonies.

The Health and Social Services Committee approved integration of a number of activities of the Department of Social Services and the DPHS to deal with important community issues such as services for seniors, street youth, child care centres, and second level lodging homes.

The Health and Social Services Committee approved the Hamilton-Wentworth District Health Council's recommendation that the Alcohol and Drug Assessment Program remain within the DPHS.

Changes to membership of the Health and Social Services Committee occurred in 1990. Councillor John Smith resigned to accept a federal appointment. The Chair of the Committee, David Christopherson, MPP, was elected to the Provincial Parliament of Ontario. In September, I was appointed Chair of the Committee and Geraldine Copps was appointed as Vice-chair. Two new members joined the Committee after the Fall by-election: Councillor Vince Formosi (Ward 6) and Councillor Dave Wilson (Ward 4). The proceedings of the Committee and the operation of the DPHS were very positively affected by the appointment of Dr. Fran Scott as Medical Officer of Health.

With this new leadership for the health of the public in Hamilton-Wentworth, we were very well served in 1990 and for future years.



Dominic Agostino  
Chairman, Health and Social Services Committee



## Letter from Dr. Fran Scott

1990 was a year of moving forward for the Department of Public Health Services. A number of significant events occurred demonstrating our Department's leadership in developing healthy public policies for Hamilton-Wentworth.

A major event was the development and approval by Regional Council in May 1990 of the Mission Statement and Guiding Principles of the Department as outlined on page 1 of this 1990 Annual Report. A new organization of the Department is being developed to reinforce the guiding principles of the Department.

Integration of the Department's service, education and research activities continued to be essential in maintaining excellence in community health services. As life-long learners we must listen to communities' questions and learn from communities to better service them. The programs outlined in this 1990 Annual Report reflect the Department's commitment to this integration.

The Department continued to be flexible in its approach to meeting community needs in 1990. Ministry of Health labels for recommended programs sometimes do not appear to include local community health problems such as domestic violence and injuries. The problems often require more than one profession or discipline to solve them. Interdisciplinary problem solving is promoted by the Department recognizing that each person can contribute to solutions.

The Department co-sponsored a Forum on Developing and Sustaining a Healthy Community on May 3 1990. The chairman of Health and Social Services Committee at that time, David Christopherson, was quoted at the forum as follows: "We don't have the luxury of letting the strongest win any more. What has to win is the strongest argument for making a healthy community, for sustaining what we have, for leaving something for our children, so that they can build with it."

Following the spirit of the Forum recommendations, Dr. Susan French, a member of our Teaching Health Unit Liaison Committee, was appointed to the Region's Sustainable Development Task Force. Similarly, the Department was involved in the activities of Hamilton-Wentworth's Affordable Housing Task Force, the Sustainable Development Task Force and the Regional Chairman's Advisory Committee on Environmental Issues.

I thank all members of the Health and Social Services Committee and the staff in the Department of Public Health Services for ensuring that I was quickly oriented and welcomed during my first year as Medical Officer of Health. On behalf of the Department's Management Committee, I present the 1990 Annual Report and I look forward to 1991.



Fran Scott, MD, CCFP, FRCP(C), MSc  
Medical Officer of Health





# Programs



*Courtesy of the Hamilton Spectator*



## Healthy Children

**Health Goal** To enable all children (newborn to nine years of age) in the community to attain their optimal level of physical, mental, emotional and social development.

### Program Activities

Dental services to school children focused again on providing the latest information on dental disease prevention, oral hygiene instruction, dental health and general health promotion. The program contacted 16,000 elementary school children in 1990.

Dental health educators gave presentations, following Ministry of Health guidelines in school classrooms. In grades three and six individual oral hygiene instruction lessons were offered; all participants had the opportunity to learn how to brush and floss properly.

Each year school children are screened to determine their eligibility for the Children in Need of (Dental) Treatment program (CINOT). CINOT is 100 percent funded by the Ministry of Health. Comprehensive dental treatment is provided for school children in the Hamilton Wentworth Region from kindergarten to grade 12 whose families cannot afford dental treatment. Children found in need of such treatment are referred to area dentists or, if they do not have a dentist, to Health Department treatment clinics. In 1990 area dentists received \$170,000.00 from CINOT. An additional \$115,000.00 of CINOT funds went to operation of the three treatment clinics in the Health Department. As the CINOT program expands, the unmet needs of children who are urgently in need of dental treatment is reducing. In the Health Department's dental clinics, treatment was completed for over 2,000 children in 1990. Since demand for services is high, there are waiting lists in each Health Department dental clinic.

In 1990, the public water fluoride levels in Hamilton-Wentworth continued to be monitored by Dental Division staff as fluoridation of water prevents dental disease in children. The fluoride level averaged 1 ppm (the optimal level) once again for the year. In 1990, the fluoride rinse programs in the schools were discontinued because the program was not cost effective. The topical fluoride program provided to high risk children replaces the rinse program. "High risk" is defined as those children exhibiting higher than average (Decayed, Missing, Filled Index = 4) caries activity.

In the spring of 1990, Public Health Nurses increased their activities with newborn children and their parents by promoting health service alternatives for parents. The Nobody's Perfect parenting classes were well received within the community and received broad public attention. These classes were offered in collaboration with a variety of community agencies and service organizations. Other new activities offered to parents by Public Health Nurses were: Welcome Home Postnatal Classes; Health Promotion Centre; Parent Talk: The First Year; and Telephone Information Line. Individual and family home visiting continued to be a major activity of the Public Health Nurses. Public Health Nurses participated in 22,813 (25,171 in 1989) individual contacts with parents and children and 1,533 group education

classes (569 in 1989). The shift from individual counselling to group education is very significant both with respect to the total attendance in groups - 15,187 (3,999 in 1989) and the 12,005 hours of nursing time to plan and deliver the classes.

Public Health Nurse attachments and liaisons were maintained with a variety of community agencies and groups such as: Gracehaven; St. Martin's Manor; McNab Street YWCA; Roxborough Centre; Tami's; St Matthew's House; Henderson Family Practice Unit; Take a Break (Salvation Army); Queenston Parent-Child Drop In; and Normanhurst Kiwanis Moms and Tots. Public Health Nurses worked in pediatric and maternity units in hospitals to facilitate hospital/community liaison of services to children and mothers.

A preschool program staffed by Public Health Nurses was initiated in September 1990 to provide service to staff, parents and children in 103 child care centres throughout the region. In addition to onsite record reviews for immunization status, vision and hearing screening was offered to all three and four year old children in these centres.

The Ministry of Health recommends screening of pre-school aged children for speech and language development as well as hearing and vision. In 1990, child care centres were incorporated into the hearing and vision screening schedule of Public Health Nurses. Beginning in 1990, only children in Grade 3 were screened as recommended by Dr. Rick Wiggins, O.D. from the University of Waterloo School of Optometry and the Public Health Nurses. Screening of the child care attenders commenced in September and the school pupils were tested throughout the remainder of the school year.

The vision screening procedures continued to incorporate the tests that Dr. Wiggins suggested in the Preschool Vision Screening Project. The FOOKS test is much simpler than the Hand test which was previously used. The referral rates for vision in previous years has remained around 6-7 percent while the referral rates for hearing are 2 to 3 percent. This school year the referral rates for vision and hearing are 6.0 percent and 3.0 percent respectively.

The new Canadian Guidelines on "Promoting Nutritional Health in the Preschool Years" were distributed by community nutritionists in the Health Department to all child care centres in the region. In follow-up, 19 child care centres requested and received continuing education sessions on these guidelines at their respective sites.

One of the nutritionists continued service as a member of the Umbrella Board of Family and Child Centres. This Board meets monthly to manage the operation of licensed child care centres in Hamilton Board of Education schools. Another nutritionist served on the Seven Towers Emergency In-Home Child Care/Homemaking Program Advisory Committee and provided consultation on the nutrition chapter of their In-Home Child Care Manual.

The decrease in requests for pediculosis screening is believed to be a result of Public Health Nurses education to children and parents, and a decrease in pediculosis infestation in the Hamilton-Wentworth community in 1990. Upjohn screened 43,043 students for pediculosis in the three school boards in Hamilton-Wentworth. The numbers screened continued to decrease (22 percent) from the previous year. Forty percent fewer children were identified as having pediculosis. This is the fifth year the infestation rate has decreased. In



1990, the infestation rate was 1.6 percent (2.65 percent in previous year), with a cost per client of \$0.45. The increase in cost per client from \$0.37 is a result of an increase in wages to Upjohn staff who provide this service.

Nutritionists in the Health Department collaborated with the family studies consultant and three teachers in the Hamilton Board of Education to develop a Grade 3 nutrition education program. The resource package will be made available to all teachers through "Kit Services" operated by the Board.

Education efforts in the School Program offered by Public Health Nurses range from the provision of group sessions on peer pressure and life skills to providing resources and support to teachers who are assisting their classes in dealing with difficult life traumas like murder and assault. There are 172 elementary schools in Hamilton-Wentworth. The school population has increased as follows: 1988/89 - 54,984 students, 1989/90 - 56,071 students 1990/91 - 57,218 students. Nursing time spent in groups in 1990 increased by 1491 hours from 1989 and individual contacts increased by 1537. In 1989, 2050 hours were utilized in Kindergarten Registration for 5136 students and in 1990, 2144 hours for 5656 students.

Teddy Bear Clinics were used as a novel way of teaching lifestyle skills to primary students. By learning to care for their Bears it is hoped that the students transfer this knowledge to self-care.

Public Health Nurse involvement in the STAR (Skills Through Activity and Recreation) Program was introduced. A needs assessment conducted in the fall is helping to determine where Public Health Nurse input can be most beneficial.

Health Information Centres for schools were planned by schools, the Nursing Division and Health Consultants of the three Boards of Education. These will be piloted in three elementary and three secondary schools in 1991.

New Wave groups for students whose parents are separated or divorced, or whose parent has died, are conducted jointly by a school social worker and the Public Health Nurse in some schools. These groups are well received by the students and the demand for this service is increasing.

A Public Health Nurse has been a catalyst in the development of a Parent's Group at George L. Armstrong School to address situations effecting that school community, such as development of a safe friendly playground for the neighbourhood.

A Tri-Board Liaison Committee with the Department of Public Health Services has been established to address common concerns that effect our service to the student population, e.g. communicable disease, immunization and parenting resources.

**Child and Adolescent Services** The Childrens Program provides multidisciplinary mental health services to children and their families recognizing and supporting their strengths and potential for a healthier future. This Program is 100 percent funded by the Ministry of Community and Social Services.

In 1990, the Childrens Program has had an increase of 7 percent in referrals for service. The program houses the Adaptive Skills Program (speech/language) and the Child Welfare Assessment Program.

Speech Pathology assessment and treatment services are provided to pre-school and school aged children.

The Child Welfare Assessment Program conducted 23 assessments in consultation with the Unified Family Court and local child welfare agencies.

Child and Adolescent Services staff contribute to the following community activities: Task Force on Sexual Abuse, Children's Mental Health Committee, Pre-School Committee, School Committee, Pre-School Speech/Language Consultation, Hamilton Housing Authority Summer Recreation Program Consultation, and, Consultation to Boards of Education.

### **Community Health Status Information Program Activities**

In cooperation with the Health Priorities Analysis Unit in the Faculty of Health Sciences, McMaster University, the Department of Public Health Services produced an INFOWATCH entitled: "Children Can't Fly: Child Pedestrian Injuries". This four page publication was distributed to 4,000 citizens in the community including those in hazardous neighbourhoods, health sciences students, family physicians, members of the Faculty of Health Sciences, health and social services agencies, and trustees and other officials in school boards and hospitals.

### **Education Activities**

Nursing Division staff were facilitators, preceptors and tutors for the following students in 1990: McMaster University - BScN Level II - 16, Level III - 3; Level IV - 1; Post-RN - 4; Aga Khan - 6; Unit 5 Medical Students - 2; Women in Health Project India - BSc Nursing - 3; Mohawk College Perinatal Nursing Programme - Breastfeeding Certificate Course - 2.

As a participant in health science student education activities, the Child and Adolescent Services clinic provides clinic placements for students in Social Work, Psychology, and Child Care throughout the year. Placements for 10 students were provided. Ongoing training and professional development opportunities are also offered to community agency staff through the Marriage and Family Therapy Training Project and Play Therapy Supervision Group.

Community education activities by Child and Adolescent Services clinic staff include presentations to parents, students, and other professional groups covering topics such as child management, social skills development, speech/language development, peer pressure, parent-child communication, and effects of divorce and separation on children. One workshop was sponsored by the clinic where 110 area professionals heard Dr. C. Dunst present his experiences with Empowering Families to Facilitate Change.



## Research Activities

The parent child program with the support of faculty cross appointees was involved in a number of important local and provincial research activities: Development and implementation of Hospital Liaison Study in collaboration with Henderson General Hospital and McMaster University Faculty of Health Sciences; Development and submission of a region-wide demonstration project for Early Postpartum Discharge to Ministry of Health, Health Promotion Branch; Survey of Day Care Operators in Hamilton Wentworth; Teen Mom Nutrition Study, completed with University of Guelph; Waterloo Smoking Prevention Project; Serving as advisors to the Health Promotion Branch for "Best Start", in the development of call for proposals for demonstration programs for the prevention of low birth weight infants; and, Implementation of the Child Pedestrian Safety Initiative project, a two year community development project funded by the Ministry of Transportation.

Work continued on the analysis of the findings of the Preschool Vision Screening Project. An interim summary was published in the April edition of RAPPORT. Dr. Wiggins developed a training video based on the training required of the registered nurses and nursing assistants in the program that participated in the study. A revision of the interim report is being prepared for submission to the Canadian Journal of Public Health.

A study of pediculosis was completed in the summer of 1990.

The Ontario Ministry of Health supported a project comparing home versus phone visits for mothers with newborn children.

The Ontario Ministry of Transportation funded a project on child pedestrian safety initiatives. Child pedestrian injuries are the major cause of morbidity and mortality among children five to nine years of age in Hamilton-Wentworth.



## Healthy Adolescents

**Health Goal** To enable all adolescents (10 to 19 years of age) in the community to attain their optimal level of physical, mental, emotional and social development.

### Program Activities

Public Health Nurses in the Adolescent Program provided services to 37 secondary schools with a population of 30,439 students. Although the actual number of hours of nurse consultations with students in the secondary schools decreased by 1,127 hours or 15 percent (from 7,502 in 1989 to 6,375 in 1990), there were significant increases in collaborative, counselling and group activities in the schools.

Plans are being made to pilot Health Information Centres at three secondary schools. The Public Health Nurses and a nursing supervisor participated in liaison committees with all three Boards of Education and in a Drug Policy Committee with the Wentworth Board.

Adolescents outside the secondary school system have been the focus of increased attention by Public Health Nurses. Plans are being made to expand nursing services provided to adolescents at Arrell Detention Centre. Public Health Nurses in the Adolescent Program have participated in the Street Youth Task Force and the subcommittee, New Developments.

In addition to providing coverage to other programs during the summer, Public Health Nurses developed new teaching resources and revised existing ones. Public health nurses participated in continuing education sessions to prepare them to co-lead "New Wave" groups. Most of the PHNs have co-lead these groups which assist adolescents who are coping with separation and divorce. These groups met with much success in the schools.

**Child and Adolescent Services:** The mandate of the Adolescent Program of the Child and Adolescent Services Division, is to address the mental health needs of high risk adolescents and their families in the Region of Hamilton-Wentworth, through prevention, consultation, research and flexible pragmatic intervention.

The Adolescent Program houses the Young Offenders Assessment Program. Youth referred by the court are seen for assessment. A report with recommendations is then made to the Unified Family Court for consideration. The program staff provide ongoing consultation to group homes, detention centres and community agencies working with young offenders.

In 1990, the Child and Adolescent Services clinic received 597 new referrals from throughout Hamilton-Wentworth. Referrals are accepted from all sources. Physicians, parents, child welfare agencies, and schools, in that order, continue to be our major referral sources. Clients considered "high risk" are given priority. However, there continues to be a waiting list for assessment and therapy. In 1990, the Children's Program and the Adolescent



Program provided a total of 6,169 sessions including modalities of individual, family, group, play, speech/language, psychological and psychiatric interventions. These services continue to be provided through our two clinic locations of 100 Main Street East and 1945 King Street East.

Child and Adolescent Services have representation on the Task Force for Families of Mentally Disturbed Parents.

Staff from all major programs contribute to Ministry of Health public health recommendations regarding Healthy Children, Healthy Adolescents and Healthy Sexuality, through Inter-Divisional Committees and Inter-Agency Task Forces, for example, School Committee, Street Youth Task Force, Suicide Prevention Committee, Wesley Centre Consultation, Consultation to Detention Home Staff, and Structured Social Skills Training for Adolescents in Detention.

### **Education Activities**

Third and fourth year nursing students were involved in the Adolescent Program. Two research course nursing students continued literature review of self esteem issues with Public Health Nurses.

### **Research Activities**

A major initiative involving data from students and community representatives on health needs of adolescents in Waterdown was undertaken by Public Health Nurses and a Teaching Health Unit Nursing Consultant. The findings will be used in planning health promotion activities at the new secondary school.

The Social Science and Humanities Research Council of Canada supported a study in the Child and Adolescent Services Division on the psychology of young offenders.

## Healthy Adults

**Health Goal** To enable all adults (20 to 64 years of age) in the community to attain and maintain their optimal level of physical, mental, emotional and social functioning.

### Program Activities

In 1990, Public Health Nurses made 26,338 contacts with adults providing counselling and health education in the areas of bereavement, cardiac problems and mental health issues. Group sessions included:

- a "Wellness Program" developed in conjunction with Participation House, targeting disabled adults and featuring such topics as nutrition, exercise and heart health, smoking/respiratory health, healthy environment and stress management
- regular sessions at Bold Park Lodge, addressing healthy lifestyle issues (nutrition, exercise, substance abuse)
- a wide variety of sessions at the YWCA: breast cancer, signals of suicide risk, nutrition, stress management, interpretation of health services, sexuality, self esteem, first aid, childhood illnesses and sleep patterns
- three sessions at the Elizabeth Fry Society, with topics including nutrition and hygiene
- stress management for an English as a Second Language class

Public Health Nurses devoted time in 1990 to working towards establishing goals and objectives for the Health Adults program.

### Community Mental Health Promotion Program

**Objective** To promote the achievement of optimal health and well-being among groups and individuals experiencing or at risk of developing psychiatric illness within Hamilton-Wentworth.

1990 was the sixth year of operation for the Community Mental Health Promotion (CMHP) Program providing a unique blend of public health and mental health services. Funding (100 percent) is provided by the Community Mental Health Branch of the Ministry of Health. The Program is staffed with Public Health Nurses who provide case management or counselling/treatment to clients.

An expectation of case management is that Public Health Nurses commit themselves to long-term involvement with each of their clients. Referrals to the CMHP Program are maintained on a waiting list for as long as one year. Twenty individuals were added to the program's waiting list during 1990 and 10 clients referred from physicians or community



agencies remained on our waiting list by the end of December 1990. Forty-seven percent of the case management clients lived in second level lodging homes, involving 13 different homes.

Counselling/treatment clients serviced by the CMHP Program represent the most complex of public health clients. The average number of counselling/treatment clients carried by the team at any one time was 56, 54 percent of whom received services within a group setting.

The CMHP Program responded to a request from the Women's Centre for assistance in working with six women who have chronic psychiatric disability. The group meets weekly for about two hours to deal with problems of social isolation, difficulty with problem solving and adjustment to community living. The Public Health Nurses encourage a strong self help/mutual aid focus in working with this group.

Six one hour group sessions for six young offenders and Detention Centre staff were offered during 1990. The goal was to provide opportunity to talk about abuse and to identify resources for counselling in prison and in the community. Following evaluation with CMHP Program's supervisor and Detention Centre staff and young offenders, this service will be redirected to presentations for Detention Centre staff regarding offender disclosure of abuse and suicide prevention.

Consultations continued to be offered by the CMHP Program to other Public Health Nurses who provide counselling to the mentally ill in other related programs. Requests for consultations came from all nursing programs and from all Health Department offices in Hamilton-Wentworth.

The CMHP Program contributed to interagency committees during 1990. Committees on which the team participated included: the Mental Health Interagency Committee, Case Management Programs Committee, Community Mental Health Advisory Committee, East Region Mental Health Services Community Advisory Committee, Wellington Psychiatric Outreach Community Advisory Board, the parent Mental Health Committee of the District Health Council, and the Community Mental Health Programs Federation, the Prevention Network and the Coordinating Committee for the Developmentally Disabled (corresponding member) and the Chronic Psychiatrically Disabled Subcommittee of District Health Council.

## **Equal Access**

**Health Goal** To reduce educational, social and environmental barriers to accessing mandatory public health programs.

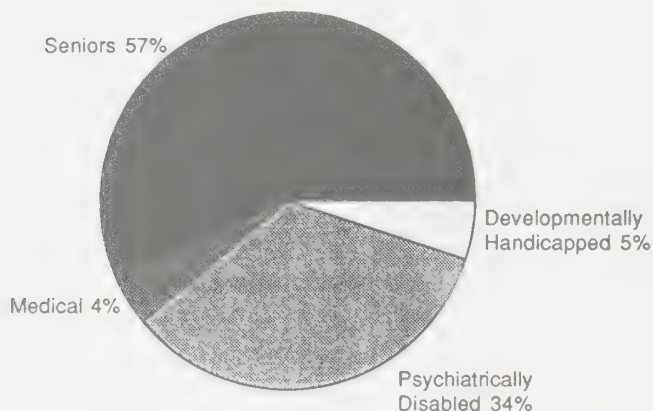
## **Program Activities**

### **Second Level Lodging Homes**

**Objective** The achievement of optimal health, safety, comfort and rights for second level lodging home residents.

The number of licensed lodging homes as well as the total number of residents in the second level lodging homes continued to increase in 1990. The average occupancy rate was 80 percent. Figure 1 shows the characteristics of residents in these homes.

Figure 1. Second Level Lodging Homes – Characteristics of 1990 Residents (Number = 1,504)



The Regional Lodging Home Guidelines Committee developed a set of guidelines for lodging home operators. These guidelines were presented to the Health and Social Services Committee in December 1990. However, they remain only guidelines since there is no legal mandate requiring operators to adhere to the recommendations. Three options regarding the 24 bed capacity limit of lodging homes were presented to the Health and Social Services Committee. The recommendation of the Health and Social Services Committee was to maintain the 24 bed limit.

Nurses increased their routine inspections to second level lodging homes by eight percent and the number of follow-up visits by five percent. Nursing assessment and completion of Placement and Coordination Service of Hamilton-Wentworth forms ranked first in terms of time spent on follow-up visits. The nurses identified 34 residents as requiring nursing home care instead of residential care within the second level lodging homes.

Public Health Inspectors completed 94 percent of the required monthly inspections to Second Level Lodging Homes and carried out re-inspections as required to ensure compliance with the environmental and sanitation requirements of the Municipal By-Law on Second Level Lodging Homes.

The hostels committee was initiated in October 1990 by Regional Social Services in response to concerns and queries from hostel operators. The purpose of the committee is to develop minimum standards for all hostels including those hostels providing specialized services, that is, transition houses from institutions to the community.



Representatives from Regional departments including police, fire, licensing, building and social services have been meeting since 1988 to facilitate problem solving strategies to promote the health and safety of lodging home residents.

Representatives from nursing, inspection and staff of the Department of Social Services continue to meet monthly to review and report concerns related to second level lodging homes which receive funds from the Department of Social Services.

### **English As A Second Language (ESL)**

**Objective** To assist new immigrants in Hamilton-Wentworth to access the health care system.

Funded by a Health Promotion grant from the Ministry of Health until July 1990, this program was continued through support from the Nursing Division. A public health nurse provides approximately 10 health education classes per month in the nine centres where ESL classes are held. In addition to group presentations, the nurse provides individual counselling to clients and functions as a consultant to ESL teachers, health and social service professionals and the community regarding multicultural issues. The nurse advocates for the development of healthy public policy through her involvement in a variety of community and interagency networks such as the Health Promotion Network and the Multicultural coalition.

### **Community Health Status Information Program Activities**

The Health Priorities Analysis Unit published an INFOWATCH entitled: "Health and Living Below the Poverty Line". This four page publication was distributed to 2,700 health sciences students, family physicians, members of the Faculty of Health Sciences, health and social service agencies, and trustees and other officials in schools and hospitals.

### **Education Activities**

Public Health Nurses gave presentations on topics related to health promotion among adults to the following groups in 1990: McMaster University Medical Residents, Amity, Home Care Program, Community Mental Health Legislative Committee, Hamilton General Hospital Grand Rounds, Hamilton Psychiatric Hospital Grand Rounds. Workshops coordinated by Public Health Nurses were held on the following topics: Systems Issues in Discharge Planning for Individuals with Chronic Mental Illness, Partners in Health Promotion at the International Association of Psychosocial Rehabilitation Conference.

This program has continued to attract student nurses who are attached to the ESL nurse. Other undergraduate students in nursing and medicine have spent observation and consultation time within this program. The collation of a compendium of resource materials on ESL and multicultural health has been initiated by a student for use as a reference for other nurses in the Department of Public Health Services.

Public health nurses supervised involvement of McMaster University nursing students in the second level lodging homes. Staff in the Department of Public Health Services and McMaster University were assisted with orientations by the nurses. Also, the nurses

participated in various continuing education activities with one nurse registering in an undergraduate course at McMaster University to begin working toward her BScN degree.

In addition to the three Health Promotion workshops held within each program, education sessions at Public Health Nurse team meetings included the following topics: Resources within the community: Adult Protection Services, Lodging Homes, March of Dimes, Social Services, "Nobody's Perfect" and various cardiac resources; Health concerns: breast cancer, tuberculosis and nutrition for heart health; Issues concerning the delivery of service; Community mobilization; Cardiovascular Health Promotion - literature review findings; The effectiveness of health promotion; and, Sessions about bereavement to medical residents and other groups. Public Health Nurses in the Healthy Adult Program provided public health practice experiences to Level III and Post Basic McMaster Nursing students.

### **Research Activities**

Public Health Nurses had peer-reviewed articles on the CMHP Program published in the Journal of Nursing Administration and Canada's Mental Health.

The proposal for a Health Promotion Education Program for the Chronically Mentally Ill in the Community was funded by the Hamilton Foundation's McGregor Clinic Fund. This healthy lifestyles pilot project will be offered in one lodging home over a three month period from June to August 1991. The aims of the program are to reduce smoking, increase exercise, and enhance the general well-being of individuals with chronic mental illness living in the community.

A sexuality health promotion group for individuals with chronic mental illness was offered collaboratively with the Hamilton Psychiatric Hospital from September to December 1990. Pre-tests, post-tests and a three month follow-up were incorporated to determine the effect of the sessions on the sexual knowledge, attitudes and behaviour of the participants.

Since 1989, the CMHP Program has chaired an interagency steering committee to identify the needs of families with mentally disabled parents. The committee continues to review the literature and to explore the need for a needs' assessment or a health promotion intervention study with this high-risk population.

Presentations on the Health Department's involvement in ESL were given at the Multicultural Health Coalition conference and the Ottawa-Carlton Health Promotion workshop in 1990. An evaluation health promotion through ESL classes was funded by the Ontario Ministry of Health in 1990.

The Therapeutic Environment Guidelines document was revised and completed for each lodging home. Completion of this document helps to identify the learning needs of lodging home operators.

During 1990, the Healthy Adult Program made plans to gather information from individuals at the YWCA for planning, using three approaches: key informant study, focus groups, and brief surveys.



## Healthy Elderly

**Health Goal** To enable elderly persons (65 years of age or more) in the community to attain and maintain their optimal level of physical, mental, emotional and social functioning.

### Program Activities

Dental Hygienists staff gave presentations on oral health to seniors, provided informational sessions to care-givers in seniors residences, and worked with the registered nursing assistants in the area of oral health.

During 1990, dental preventive and treatment services were provided for residents of St. Peter's Hospital. The director of the Dental Division met with the vice-president of St. Peter's to discuss renovating the dental treatment facility. By the end of the year, it was decided that the Health Department dental services would expand at St. Peter's. It was agreed new dental equipment would be purchased by the hospital, with the understanding that the Health Department continue to provide the staff.

Public Health Nurses working in the Healthy Elderly Program conducted 90 classes with a total of 1,595 seniors. The classes covered areas such as normal aging, lifestyle, nutrition, medication use, prevention of elder abuse. Nurses also contributed to pre-retirement seminars offered by the Department of Human Resources, seniors health fairs and wellness clinics. Nurses made 1,751 new and 7,430 return home visits. The number of Home Care visits was 1,944, representing 21.2 percent of all home visits in the Program. The number of new Placement Coordination Assessments completed was 389. Nurses completed 798 bereavement visits (8.7 percent of all visits).

Nurses made visits to clients on the VON Caregiver Support program. Under this program, nurses provide support and information about caregiving, dementia, and community resources to caregivers of persons with Alzheimer's Disease or related conditions.

Nurses advocated for services for seniors through involvement in committees such as Service Providers to Elderly Persons in Dundas, Promoting Elders Participation (PEP), and St. Joseph's Community Health Centre Seniors Task Force. Letters were written to DARTS and Seven Towers Family Day Care advocating for accessible, appropriate services for seniors.

In 1990, clinics were conducted in Kirkendall-Strathcona Neighbourhood house. Group presentations were provided on medications, nutrition, hearing and arthritis in both Italian and Portuguese.

### Community Health Status Information Program Activities

In co-operation with the Health Department, the Health Priorities Analysis Unit produced an INFOWATCH entitled: "The Baby Boom to the Senior's Boom". This four page

publication was distributed to 2,700 health sciences students, family physicians, members of the Faculty of Health Sciences, health and social services agencies, and trustees and other officials in school boards and hospitals.

### **Education Activities**

In 1990, Public Health Nurses in the Healthy Elderly Program were tutors, preceptors, and field guides for the following students: Nursing-Clinical Courses: Level II-6; Level III-7; Level IV-2; Nursing-4L4 Research: 4. Nurses also acted as field guides for Aga Khan and Unit V Medical students. A number of Public Health Nurses attended "How To Be A Preceptor" workshops provided by the Faculty of Health Sciences of McMaster University. The Kirkendall-Strathcona Neighbourhood House offered a challenging and rewarding experience for McMaster nursing students who seek exposure to Multiculturalism issues and issues related to equal access.

Nurses were also involved in education of health professionals through a teleconference on elder abuse, involvement in a Multicultural Health conference, and other continuing education sessions and workshops. Nursing team meetings addressed the learning needs of the nurses themselves in the area of Healthy Adults.

### **Research Activities**

Funding was received from the Ontario Ministry of Health to conduct a project evaluating the most effective way for Public Health Nurses to promote influenza immunization of seniors. This controlled trial will be completed in 1991.

Through a random audit of 124 client records, a profile of clients currently seen by the Seniors program was collated. Two nursing research course students assisted with the project. Two other students in the same course conducted a literature review of the rural elderly and their health needs. This information will be used in planning Healthy Elderly Program activities.

A review of health clinics in seniors' housing was completed. The recommendations are being used for planning future Program activities.

A survey of Public Health Nurses was conducted as part of a proposed cultural interpreters project. The results of this survey were submitted to the District Health Council.

An abstract on Kirkendall-Strathcona Neighbourhood House project was presented at a National Conference "Leadership & Innovation in Multicultural Health".

Health and Welfare Canada's Seniors Independence Research Program funded an 18 centre epidemiologic study on health and aging. The Hamilton-Wentworth, Brant County and Niagara regions component of the study was co-ordinated through the Department of Public Health Services. The national co-ordinating centre for the study is located at the University of Ottawa. Results of the study should be available in 1992.



# **Tobacco Use Prevention**

**Health Goal**                      To improve the health of the population by eliminating tobacco use.

## **Program Activities**

The Department of Public Health Services is co-operating with the local Boards of Education in a major research study to assess the effectiveness of educational programs in preventing children from starting to smoke. The Department is a member of the Hamilton-Wentworth Interagency Council on Smoking and Health and has supported its advocacy efforts with the City of Hamilton for by-laws restricting the sale of tobacco products to minors and further restricting smoking in public places. The Department has also established a working group with the Interagency Council to look at smoking prevention strategies.

## **Community Health Status Information Program Activities**

In co-operation with the Health Department, the Health Priorities Analysis Unit produced an INFOWATCH entitled: "Cigarette Smoking in Hamilton-Wentworth: Hamilton Butts Out?". This four page publication was distributed to 2,700 health sciences students, faculty physicians, members of the Faculty of Health Sciences, health and social service agencies, and trustees and other officials in school boards and hospitals.

## **Research Activities**

The Waterloo Smoking Prevention Project Study 3 was conducted throughout with the assistance of Public Health Nurses in 12 Hamilton schools. This project is a randomized controlled school based smoking prevention randomized trial designed to test the effectiveness of alternative providers and training methods for reducing smoking prevalence. The study also tests the effectiveness of a social influence smoking prevention curriculum. Twelve Public Health Nurses presented 202 teaching sessions to 5,659 students.

## **Substance Abuse Prevention**

**Health Goal**                      To improve the health of the population by reducing the abuse of substances which pose a risk to health.

The Alcohol and Drug Assessment Services (ADAS) Program is a community mental-health program funded 100 percent by the Ministry of Health of Ontario. The year 1990, was the fifth year of operation in Hamilton-Wentworth. The first full-year of operation was in 1990 with four social-work and two clerical staff following the addition of three positions by the Ministry of Health in 1989. Regional Council approved ongoing sponsorship of the service by the Department of Public Health Services on November 20, 1990.

### **Program Activities**

ADAS provides clients with assessment, referral, and case management. The goal of these activities is "to improve the quality of care provided to persons with alcohol and other drug problems in Hamilton-Wentworth". The program provides comprehensive assessments and case-management with clients.

Alcohol, cannabis and cocaine are the drugs most often reported as the substances abused.

Staff completed 1,086 assessment sessions in 1990 which involved family and significant others when possible. There were 309 referrals to counselling and treatment-services made. Clients received 630 case-management sessions which involves monthly appointments (or more often as required) to monitor, support and complete other referrals.

In 1990, the ADAS waiting-time was three to five weeks between intake and first appointment (3.9 weeks average). ADAS continues to respond to appointments for youth (persons under age 18) and crisis requests immediately. The objective is a waiting time of less than two weeks while maintaining quality service to the community.

ADAs continuing education sessions to agency professionals and other community activities were provided. These activities included support to the EAP Council on Effectively Assisting Troubled Employees, Youth and Assessment, and Women, Work and Substance Abuse, to the Freedom from Fear Group on Anxiety and Substance Abuse, and to Women's Detox staff on Preventing Relapse.

Community activities of ADAS included membership on the Addictions Committee of the District Health Council, the Assessment/Referral Manager's Coordinating Committee, the HIV and Needle-Use Subcommittee of the AIDS Prevention Task Force, the Street-Youth Task Force and Spectrum Report, the Dating Violence Subcommittee of the Coordinating Committee on Domestic Violence, the Women's Wellness Group, the Council on Suicide



Prevention, the Board of Director's of the Native Women's Centre, and the Native Networking Team.

During the year, ADAS improvements included review of our records-management system and of our strategic plan. Staff began work on a quality-assurance system. An advisory-group of persons knowledgeable on quality assurance from around the Province was brought together. This included Dr. Joan Marshman, Past-President of the Addiction Research Foundation and Dr. Don Pierson of the Ministry of Health.

The Nursing Division represented the Health Department on a Hamilton-Wentworth District Health Council committee on substance abuse.

### **Community Health Status Information Program Activities**

The Health Priorities Analysis Unit produced an INFOWATCH entitled: "Hamilton-Wentworth on the Rocks? Alcohol (Ab)Use in Hamilton-Wentworth". This four page publication was distributed to 2,700 health sciences students, family physicians, members of the Faculty of Health Sciences, health and social service agencies, and trustees and other officials in school boards and hospitals.

### **Education Activities**

ADAS staff had teaching responsibilities in the Faculty of Medicine and the School of Social Work and Centre for Continuing Education, McMaster University, and the Social-Service Worker Program at Mohawk College. Education sessions were given at the Geriatric Grand Rounds, Pediatrics Rounds at Chedoke-McMaster Hospital, Department of Public Health Services Community Health Rounds, and to the Gerontological Social Work Group, St. Peter's Hospital. A two-part research study on "Communication-Skills Training in Undergraduate Medical Education at McMaster University".

### **Research Activities**

ADAS has representation on the Research Committee of the Department and on the Substance Policy Task Group of the Regional Performance Enhancement Programme. Within ADAS, a follow-up study was completed on 100 clients who stopped their involvement with ADAS to attempt to identify issues which contribute to these terminations.

## Nutrition Promotion

**Health Goal** To improve health by optimizing the nutritional status of the population.

### Program Activities

**Nutrition Information For The General Public:** A total of 61 nutrition presentations/workshops reaching 2,317 consumers were provided by nutrition staff in 1990. In addition, 431 consumers were the recipients of telephone consultation and 751 consumers received nutrition literature directly from the Nutrition Resource Centre.

A Public Health Dietitian chaired the Nutrition Month Campaign for Hamilton-Wentworth this year. A major activity was the development of a display which featured a nutrition quiz on a roulette wheel. The display was taken to five sites during the month of March: Dofasco, Proctor and Gamble, Limeridge Mall, Jackson Square and City Hall. The Dial-a-Dietitian campaign, also coordinated by the Health Department, involved 36 volunteer dietitians responding to 215 consumer calls during the month of March. The most frequently asked questions are related to heart disease, nutrition through the lifecycle, nutrient values of specific foods, obesity and weight control and therapeutic diet information.

**Supermarket Safari is a Success:** In 1989, the Supermarket Safari was developed and piloted as the Department's first supermarket-based nutrition education program. In 1990 the program was evaluated and found to be effective in improving participants' food purchasing skills and practices. Consequently, Supermarket Safari has been adopted as an on-going nutrition promotion program. Provincial and national media coverage of Supermarket Safari have generated extensive interest in this program. To date the program has been duplicated in six other health unit areas in the Province of Ontario. Plans are underway to trademark Supermarket Safari to protect the Region's interest and to ensure quality assurance.

In 1990, a Public Health Dietitian conducted 101 Supermarket Safari tours in Fortinos Supermarkets for 785 citizens. In addition, the tours were adapted to special groups including clients from Social Services and Family Services, V.O.N. Homemakers, residents of Grace Haven, staff of Participation House and St. Matthew's House, English as a Second Language students, students from Mohawk College Focus on Skills Program, and clients from the Lesson for Life Program and Children's Exercise and Nutrition Centre at Chedoke-McMaster Hospitals. Medical students learned counselling tips during their guided tours while English as a Second Language students learned about Canadian pricing, packaging and marketing of foods. Social Services clientele received a classroom session prior to the Supermarket Safari to reinforce economical food choices. To accommodate seniors and the physically disabled, a "sit-down" slide version of Supermarket Safari was created and implemented with five community groups.

**Promotion of Increased Access to Food and The Development of Food Policies:** A school food policy in the Hamilton Board of Education was assisted by a Public Health Nutritionist who served as a consultant member of its Food Policy Committee. Following more than a year of



meetings, debate and review of policy initiatives in other Canadian jurisdictions, the Hamilton Board of Education approved all of the Committee's 15 food and nutrition policy recommendations in July, 1990. Issues addressed by the recommendations include: nutritional education for food service personnel, sale of milk in elementary schools, sale of nutritious alternatives at recess and in school cafeterias, provision of morning nourishment in inner-city schools, and a food handlers education program for all cafeteria employees. In follow-up to one of these recommendations, a Public Health Nutritionist provided three continuing education sessions to a total of 300 Lunch Room Supervisors in the fall.

A Public Health Nutritionist continued to be involved in the activities of Greater Hamilton Food Share which met 28 times during 1990. Greater Hamilton Food Share is a network of non-profit community service agencies whose purpose is to procure and distribute wholesome foods to those in need. The goals of Greater Hamilton Food Share are as follows: to supplement the efforts of individual agencies in the procurement of a variety of wholesome foods from new sources; increase the community's awareness of hunger and Food Share's role in feeding the hungry in Greater Hamilton; provide a mechanism through which food producers and marketers can contribute quality food to those in need; provide an opportunity for the community to become involved in hunger issues; and, maintain information on hunger and food distribution in Greater Hamilton.

In 1990, Greater Hamilton Food Share hired its first office coordinator, conducted a client profile study of emergency food and shelter users, prepared a written and oral response to the honourable Richard Allen's (MLA) inquiry about Food Banks and held two major food drives in conjunction with the Festival of Friends and the Hamilton Boy Scouts parade.

In March 1990, the Department of Public Health Services and Greater Hamilton Food Share jointly received funding to assist emergency food providers and their volunteers with the provision of nutritious and personally acceptable foods to their low income clients. The project was designed to provide emergency food centres with ideas and resources which would help clients develop food selection and meal preparation skills as well as maximize the use of foods available from the emergency food centres. In November 1990, a Food and Nutrition Educator was employed to implement the project. The first phase of the project included a literature review, a nutrition education needs assessment of the emergency food centres and the establishment of a community advisory committee. The second phase of the project involved developing resource material for the emergency food providers and/or their clients based on the needs assessment and guidance of the community advisory committee. Arrangements were made for the Hamilton Public Library Community Literacy Program to assess level of literacy needed to read and understand all resources produced during the project. In 1990, two resources were developed - "Safety With Donated Foods" and "Date Codes on Commercial Baby Foods". Phase II and Phase III of the project will continue in 1991.

**Nutrition Promotion Through Liaison, Consultation and Education of Others:** Given a population base of 430,000 in the Regional Municipality of Hamilton-Wentworth, Public Health Nutritionists rely on professionals in health, education, social service and recreation as well as the mass media to disseminate nutrition information. By providing consultation, education and resource materials, the Public Health Nutritionists enable other community agents to incorporate nutrition messages into their health promotion programs. In 1990, nutrition

personnel provided 1,677 consultations, including 20 presentations/ workshops for health professional groups. In addition, staff were speakers at six professional nutrition conferences.

In March, 1990 Health and Welfare Canada released two documents which provide the underpinnings of the Nutrition Promotion Standard. One report defined "state of the science" nutrition recommendations for health promotion and disease prevention and the other identified "state of the art" strategies for the communication and implementation of Canada's Guidelines for Healthy Eating. A summary of these two reports entitled "Nutrition Recommendations ... A Call for Action" was distributed by Nutrition Services to policy-makers, health professionals, educators and others involved in health promotion and disease prevention programs in Hamilton-Wentworth.

Nutrition personnel continued to have media presence with a total of 140 interviews and consultations with radio, television and newspaper reporters. Topics included oat bran, cholesterol, the new Canadian Guidelines for Healthy Eating, fast foods, hunger in Hamilton, healthy weight loss guidelines and programs, meal replacement diets, Calorad, cooking with kids, nutrition education in the schools, vegetarianism and Supermarket Safari. During the last quarter of 1990, the nutritionists were weekly guests on CHML radio with "Roy Green's Talk Line". Every Monday from 1:00 - 2:00 pm, nutrition staff discussed current nutrition topics and responded to consumer calls.

The Nutrition Resource Centre responded to a total of 2,409 requests for nutrition education resources from professionals, agencies and groups in health, social services and recreation. Six issues of the newsletter "Choose Nutrition Now" were distributed to 1,500 health professionals. Topics included: Herbal Teas, The Balancing Act and Small Changes Make a Difference, Canada's Guidelines for Healthy Eating, Super Snack Search Mission, Good Buys in Canada's Food Guide and Tips for Low-Fat Cooking.

With the assistance of a summer student, a Nutrition and Child Care Resource Manual was developed for St. John Ambulance Instructors who teach babysitting and child care in schools and other community centres. This manual provides accurate and reliable infant and preschool nutrition information in a ready-to-teach format.

## **Education and Research Activities**

Nutrition staff participated in education activities with 336 health science students during 1990 including: 141 undergraduate medical students, 100 undergraduate nutrition students, 80 gerontology and physical education students, seven graduate nutrition students, five dietetic interns, two nursing students and one PhD psychology student. Education roles included tutoring, community health preceptors, practicum supervisors and lecturers. Joining a Supermarket Safari was a popular learning strategy for many medical students.

In 1990, nutrition staff supervised five dietetic interns who each had two week affiliations with our agency. Internship projects included an investigation of the food habits of Vietnamese immigrants, preparation of nutrition newsletters and nutrition teaching kits. Under the supervision of a Public Health Nutritionist, a PhD psychology student designed and implemented an evaluation of the Hamilton-Wentworth Heart Smart Dining Guide. An article



on this project has been submitted for publication to the Journal of the Canadian Dietetic Association.

A graduate student in Applied Human Nutrition from the University of Guelph designed and implemented an effectiveness evaluation of Supermarket Safari as her education research practicum. A pre-test/post-test evaluation using a quasi-experimental, non-equivalent comparison group design measured changes in food purchasing and food preparation one month following the tour. Supermarket Safari participants (N = 61) indicated that attending the tour was beneficial to them. The Safari had a significant positive influence on food selection behaviours. The two most frequently reported changes in behaviour included selecting lower fat foods and increased reading of food product labels.

Dr. Cheryl Achterberg, Assistant Professor, Department of Nutrition, Pennsylvania State University was sponsored as a visiting professor to provide graduate nutrition education and continuing education for practising Public Health Nutritionists. Dr. Achterberg is noted for her work in the application of qualitative research methods in the development and evaluation of nutrition education programs and materials. During her visit, Dr. Achterberg presented seminars and workshops at the Department of Public Health Services, University of Guelph and at Queen's Park for the benefit of all Ontario Public Health Nutritionists and community nutrition graduate students.

In collaboration with the Kingston, Frontenac and Lennox and Addington Health Unit, a proposal for the development of a model nutrition promotion and physical activity program targeted at the one to twelve year age group and all those who influence their health and well-being, was submitted to the Ministry of Health. In November, the Public Health Branch advised that the proposal was accepted and that funds would be forthcoming in 1991.



## **Physical Activity Promotion**

**Health Goal**                      To improve the health of the population by increasing the prevalence of physical activity.

### **Program Activities**

In 1990, the Department of Public Health Services has developed intervention strategies for physical activity promotion and initiated research in Hamilton-Wentworth.

A Public Health Nurse participated in the Performance Excellence Programme with the Regional Municipality of Hamilton Wentworth. Her interests and role included review of the evidence to support worksite physical activity promotion and recommendations for development of intervention strategies for the Regional Municipality of Hamilton-Wentworth.

Recreation Sports and fitness Services (McMaster University), School of Athletics and Physical Education (McMaster University), Recreation Services for the Corporation for the City of Hamilton, the local consultant for the Ministry of Tourism and Recreation and private fitness consultants were interviewed and their recommendations were obtained regarding selections of variables for study and physical activity summary measures.

A Public Health Nutritionist was a member of the Ministry of Health advisory committee which developed a Physical Activity Promotion resource package and workshop for health units in the Province.

### **Research Activities**

A nursing supervisor who is a graduate student in the MSc programme in Design Measurement and Evaluation at McMaster University critically appraised the current evidence on the relationship between physical activity and coronary heart disease. Persons with sedentary lifestyles are between 1.5 and 2.4 more likely to have coronary heart disease than others in the population. Also, individuals who regularly engage in physical activity have reduced incidence of stroke, respiratory diseases, all cancers and deaths from all causes as compared to those with sedentary lifestyles.

The 1989 Hamilton Wentworth Health Survey (pretest for the 1990 Ontario Health Survey) data were analyzed. Interviews were held with key experts in the community in order to obtain information needs and methods of data presentation. Between 63 percent and 85 percent of the total population in Hamilton Wentworth can be considered sedentary. Other findings include: 83-98 percent of the over 65 years of age respondents are sedentary; 68-90 percent of women are sedentary; and 57-78 percent of men are sedentary.

Using the 1989 Ministry of Health Guidelines as the recommended level of physical activity to derive coronary heart benefit (75 percent of the population will be regularly active, defined as three times a week for a minimum total duration of 45 minutes), the above findings suggest that most of the population in Hamilton Wentworth is dramatically inactive or sedentary.



# Reproductive Health

**Health Goal** To enable all people of reproductive age to achieve and maintain optimum reproductive health.

## Program Activities

Dental Hygienists contributed to the Health Department's prenatal classes for the first time in 1990. Mothers-to-be welcomed their input. Nutritional advice, in conjunction with the nutritionists who work with the Health Department, and advice to parents-to-be about good oral hygiene practices for their newborn were offered in the classes. Presentations are given to expectant mothers who were in their first trimester, to dispel myths about dentistry and pregnancy. How to reduce the incidence of pregnancy gingivitis and 'baby bottle' tooth decay are covered. This dental health promotion aims at benefitting mothers-to-be as well as infants.

During early January 1990, a revised series of prenatal classes for expectant couples was introduced by Public Health Nurses responsible for the classes. A series of three early pregnancy classes were provided during the second trimester of pregnancy. Topics covered included: such as nutrition, smoking cessation and substance abuse. Six more classes held in the third trimester and during postpartum addressed issues of breast feeding and healthful parenting.

A series of 121 (101 in 1989) prenatal classes were offered for 1,230 (960 families in 1989) couples. Single parent prenatal education classes were also provided in four settings. Prenatal education classes for Vietnamese and Spanish-speaking clients were piloted during 1990.

## RESEARCH ACTIVITIES:

A study funded by Health and Welfare Canada investigated maternal parvovirus infection and pregnancy outcome. The purpose of the parvovirus study is to determine the predictors, prevalence and any association with fetal demise, of maternal infection detected by a serologic survey in several Canadian cities.

## **Sexual Health**

**Health Goal**                      To enable people in the community to attain an integration of the physical, emotional, intellectual, and social aspects of their sexuality.

### **Program Activities**

The Dundas Family Planning Clinic Public Health Nurse hours increased by 12 percent from 1989 due to a 31.5 percent increase in clients in that clinic. The Dundas Clinic population was comprised of 83.2 percent return with 16.8 percent new clients. The Stoney Creek Family Planning Clinic population increased by 4.1 percent with 86.9 percent return with 13.1 percent new clients. The total client population for both clinics was 4,135.

The Dundas Clinic population are somewhat younger than the Stoney Creek population: under 15 years of age, 4 percent; 15-16 years, 27 percent; 17-19 years, 49 percent; 20-24 years, 16 percent; over 35 years, 6.6 percent, and 15-16 years, 10 percent; 17-19 years, 44 percent; 20-24 years, 43 percent respectively. The remaining two percent were divided between the 25-34 year olds and under 15 year group.

The major request in both clinics was for contraception advice and counselling (94 percent). Confirmation of pregnancy and pregnancy counselling comprise another four percent of requests for service. Telephone calls in 1990 increased significantly from 1989 with a ninety-eight percent increase in Dundas and a nine percent increase in Stoney Creek.

Dr. Elizabeth Bagshaw Birth Control Clinic, under the direction of Planned Parenthood, provided service to 22,527 contacts, of which 2,085 were new contacts.

Serena Hamilton continues to support and teach couples in the practice of thermocyclic family planning.

The Community Sexuality Educator did 34 presentations with a total attendance of 550 citizens, from September to December, 1990. The largest increase in requests came from agencies and groups dealing with the Developmentally Handicapped. Sexuality presentations conducted by Public Health Nurses from all other programs totalled 34 with an attendance of 690 citizens over that same period.

The U-TOO project was piloted at Hillpark Secondary School in September, 1990. Six teens from a grade 13 drama class comprised the teen theatre troupe which then selected a social issue (Street Youth), researched the topic and wrote and performed a play. The play was performed and videotaped for the rest of the drama class in December, 1990.

### **Research Activities**

The Family Planning Clinics were involved in a study on the diagnosis of chlamydia and a survey of characteristics of the birth control clinic population.



The Public Health Nurses are currently discussing ways of evaluating service and will be participating in a multi-health unit study funded by Health and Welfare Canada entitled: "Follow up of Adolescents who attend Birth Control Clinics".

Evaluation of the U-TOO project began in 1990 and will continue in 1991.

The Ontario Ministry of Health funded a project on chlamydia risk screening of women attending birth control clinics.

Nemier Funds were received to obtain a profile of birth control clinic clients in Hamilton-Wentworth.



## Sexually Transmitted Diseases Including AIDS

**Health Goal** To reduce the incidence of and complications from all sexually transmitted diseases (STDs).

### Program Activities

Public Health Nurses contributed to the following STD Program activities: representation on the AIDS Prevention Task Force, which produced 34 recommendations by the Task Force; a condom campaign, which was conducted in taverns during AIDS Awareness Week in October; the purchase of 206,500 condoms worth \$49,000.00 (100 percent Ministry funded), which continue to be distributed to community agencies and groups; representation on the Hospice Steering Committee; the distribution of "Safer Sex" brochures, promoting the use of condoms, during Frosh Week at McMaster University; the purchase of a condom costume for use during Public Health Nurses' presentations; development of policy and procedures in the AIDS Workgroup related to AIDS-related activities; participation as facilitators in the "Healthy Sexuality" orientation at McMaster University for the School of Nursing; a presentation on "Contact Tracing" at the STD Continuing Medical Education day; and, renewed involvement in putting together a proposal for the production of a condom video in collaboration with Homemakers Magazine and two consultant writers and film-makers.

Contact tracing and partner notification activities decreased markedly in 1990 ( by 45.6 percent and 49.3 percent respectively) due to a decrease in physician requests. A reduction (29 percent) in the number of reported index cases (STDs/AIDS) occurred in 1990 of the 850 cases reported. The following STDs were reported: chlamydia, gonorrhoea, penicillinase producing neisseria gonorrhoea, syphilis, and AIDS. The number of HIV+ carriers increased in 1990. The number of reported AIDS cases is believed to be lower than the actual number of cases in the Region due to difficulties with reporting of a "case". Physicians have often reported the HIV+ status of a client and are unsure about when to report their AIDS status. STD HOTLINE calls increased by three percent in 1990 from 1989. Hepatitis B risk assessment in the community was conducted through contact tracing.

The STD clinic at the Hamilton General Hospital moved into the new hospital and on October 1, 1990, officially became a clinic of the Department of Public Health Services.

A Public Health Nurse is seconded to the Special Immunology Services Clinic, a multidisciplinary team at Chedoke-McMaster Hospitals. Her role includes: providing counselling and support to HIV/AIDS clients and their family and friends; liaising with other agencies, for example: Hamilton Aids Network for Dialogue and Support; and assisting in the collection of epidemiological data from the clinic.

Public Health Nurse involvement expanded at Wesley Centre in January 1990. Three hours per week are spent with street youth primarily to provide education regarding STDs/AIDS and birth control. However, the Public Health Nurse also provides information and support to youth relating to other health issues and social concerns as part of a team of health



care professionals at the centre, including a social worker from Child and Adolescent Services. Hepatitis B risk assessment in the community was conducted through contact tracing.

Table 1 shows the characteristics of persons with AIDS and HIV in Hamilton-Wentworth from 1985 to 1990.

**Table 1 CHARACTERISTICS OF PERSONS WITH AIDS AND HIV IN  
HAMILTON-WENTWORTH: 1985 - 1990**

**A. AIDS Patients**

(Hamilton-Wentworth Residents)

Status	Male	Female	Total	%
<del>present</del>				
Alive	7	1	8	21
Dead	29	1	30	78
Total	36	2	38	100

**B. AIDS Patients by Risk Factor**

Risk Factor	Number
Homosexual/Bisexual Male	29
IV Drug Use	3
From Endemic Area Only	2
Blood Product or Transfusion Recipient Only	2
Other	1
Unknown	1
Total	38

Of the 29 homosexual/bisexual males:

- 23 exclusively homosexual
- 4 bisexual
- 1 IV drug user and homosexual
- 1 recipient of blood or blood product and homosexual

Of the 3 IV drug users:

- 1 invasive surgery and IV drug user
- 2 IV drug use only

**C. AIDS Patients By Year First Reported**

1985	1986	1987	1988	1989	1990	Total
2	3	8	6	11	8	38

**D. HIV Positive Persons by Year First Reported**

	1985	1986	1987	1988	1989	1990	Total
Male	1	22	31	23	15	23	115
Female	0	0	1	2	1	3	7
Total	1	22	32	25	16	26	122

**E. Number of AIDS and HIV Positive Persons  
by Sex**

Male	151
Female	9
Total	160

**F. Number of AIDS Patients and HIV Positive  
Persons by Age**

Age	Number
< 20 yrs	7
20 to 29	52
30 to 39	68
40 to 49	18
50 to 59	4
60+	-
Unknown	11
Total	160

## **Education Activities**

The STD/AIDS Public Health Nurses have significantly increased the time spent on giving school and community presentations. Notification of the need to practice universal precautions was sent out to all 100 child care centres in the Region to ensure caution by centre staff when dealing with blood because of the danger of Hepatitis B and HIV infection. Presentations were given on this topic in child care centres as requested.

The STD/AIDS Public Health Nurses attended the following continuing education sessions: "Train the Trainer" workshops, the Ministry of Health conference on "Peer Support in AIDS Counselling", the Ministry of Health sponsored STD workshop and the STD/AIDS Network meetings.

Students continue to seek placements with this Program. A fourth year BScN post RN (registered nurse) student has had a placement at the Special Immunology Services Clinic since the fall.

## **Research Activities**

The STD/AIDS Public Health Nurses are currently participating in a study on the diagnosis of chlamydia. The STD clinic also was chosen as one of five anonymous testing research sites by the Ministry of Health which will begin in 1991. The STD/AIDS program and the team is currently discussing ways of evaluating its activities, such as the condom campaign, education sessions and clinic service.

Health and Welfare Canada has funded an overview supporting a review of the health sciences literature to identify approaches to tracing of persons in contact with others who have sexually transmitted diseases.

Health and Welfare Canada also supported a project on the educational needs of health professionals regarding childhood sexually transmitted diseases and sexual abuse.

The Ontario Ministry of Health supported a study on detecting chlamydial urethritis in males.



## **Vaccine Preventable Diseases**

### **Health Goal**

To reduce the incidence of vaccine preventable diseases.

### **Program Activities**

Hepatitis "B" is a vaccine preventable disease administered by Public Health Inspectors and Public Health Nurses. The program consists of three parts: prenatal and postnatal follow-up of pregnant Hepatitis "B" carriers and their babies (Public Health Inspectors and hospital liaison Public Health Nurses); follow-up of all Hepatitis "B" cases, carriers and their contacts; and, risk assessment for institutions and occupational groups.

For the first time in 1990, Department of Public Health Services staff began to differentiate between acute cases of Hepatitis "B" and carriers of the virus. This was an important program development because the preventive action for the contacts of each is somewhat different. In 1990, there was a substantial increase in the number of cases and carriers reported. This was largely due to: the Ministry of Health Newborn and Family Contact program; the National Advisory Committee on Immunization recommendation in 1989 that all pregnant women be tested for Hepatitis "B"; and, reporting procedures from medical laboratories and physicians.

In 1990, Public Health Inspectors investigated 53 acute cases, 206 carrier cases and 20 unspecified cases for a total of 279 cases. In addition, 361 contacts were identified and provided with information about the transmission and prevention of Hepatitis "B". Those placed in the high risk category were provided with the vaccine by the Department of Public Health Services. This represents a three-fold increase over 1989.

Hepatitis "B" is an infection which can be prevented by vaccination with three doses of vaccine, complemented with Hepatitis "B" immune globulin in certain cases, resulting in a protective level of antibody of 90 - 95 percent to individuals.

Legislation requires that the Department of Public Health Services maintain immunization records for all school pupils. The total school population (including preschool, school and adolescent) was 84,329. Of these, 74,492 (88.3 percent) students were assessed and 64,394 (86.4 percent) had complete up to date immunization.

### **Research Activities**

The St. Joseph's Hospital Foundation and McNeil Pharmaceuticals fund an investigation of the effect of prophylactic acetaminophen administration on reactions to the influenza vaccine.

# Tuberculosis Control

**Health Goal**                      To reduce the incidence of tuberculosis.

## **Program Activities**

Public Health Nurses and other nurses assigned to deal with tuberculosis and communicable disease outbreaks underwent major increases in 1990. Nurses were first formally assigned to the control of tuberculosis in February. The staff complement was increased again in October.

A total of 33 cases of tuberculosis were followed up, with 144 contacts traced. Nineteen of these contacts (13 percent) were found to be infected with tuberculosis.

## **Education Activities**

Training sessions on the use of Reportable Disease Information System (RDIS) were attended by staff. However, the majority of education activities within the program were self-learning activities.





# Outbreak Control

**Health Goal**                      To reduce the incidence of communicable diseases.

## **Program Activities**

Public Health Inspectors have continued to investigate reported food borne enteric illness as well as Hepatitis "B", legionella and other selected diseases. Reported enteric illnesses decreased in 1990 compared to 1989: salmonellosis from 203 to 130, giardiasis from 309 to 189 and general food poisoning investigations from 107 to 62. The decrease in enteric cases suggests that the food safety and water quality programs and management and investigation of communicable diseases are effective. However, ease of travel, substantial immigration of people to Hamilton-Wentworth, increased reporting and the concentration of health service agencies in Hamilton-Wentworth are other factors which may affect the incidence of communicable disease.

In 1990, reports of cases of hepatitis B and influenza A & B along with a more vigorous investigation protocol, increased the activities of Public Health Inspectors. Tracing of persons in contact with communicable disease, education, immunization and treatment all increased in 1990.

Other communicable diseases such as measles, rubella, meningitis, mumps and pertussis were managed on an ad-hoc basis until the formation of the Communicable Disease/Tuberculosis Control Program. Since October, 1990, the following cases were followed-up and confirmed respectively: red measles (11 followed-up, two confirmed); rubella (German measles) (one followed up, zero confirmed); pertussis (whooping cough) (four followed-up, three confirmed); and, meningitis (two followed-up, two confirmed).

The newly completed Reportable Disease Information System (RDIS) assisted inspectors in investigating cases.

Each case is managed with a variety of measures including legislation, education, barrier techniques and other means designed to keep communicable disease at a minimum.

## Infection Control in Institutions

**Health Goal** To reduce the incidence of communicable and vaccine preventable diseases.

### Program Activities

The thrust of this program is prevention of communicable disease to high risk populations. Seniors, the infirm, those with illnesses and residents of hospitals, nursing homes and homes for the aged are all more susceptible to, and more liable to suffer from, communicable and vaccine preventable disease. In a pilot project, Public Health Inspectors conducted inspections of institutional food facilities according to newer and more comprehensive food inspection protocols known as Hazard Analysis and Critical Control Points as required by the Mandatory Programs and Service Guidelines. No major outbreaks of communicable diseases occurred in institutions in 1990. However, a protocol is in place which permits Public Health Inspectors to respond quickly to any such outbreak. Institutions are instructed to provide immediate notification of suspected outbreaks or rapid increases in the incidence of communicable disease.

Liaison, consultation with the institutions on issues of staff education, management and reporting of diseases, and thorough inspections are important components of this Program. Licensed child care centres will also be included.



## **Food Safety**

**Health Goal**                      To improve the health of the population by reducing the incidence of food-borne illness.

### **Program Activities**

The food safety program comprises 25 percent of the activities of Public Health Inspectors' time. Restaurants, hospitals, supermarkets, slaughterhouses, dairies, take-outs and other food premises are normally visited on a regular basis. However, in 1990, in preparation for meeting mandatory requirements for 1992, a pilot project for the new inspection protocols for food safety known as Hazard Analysis and Critical Control Points (HACCP) was initiated in restaurants, as well as in institutions whose infirm population is at a higher risk of illness. In the pilot project, inspectors followed hazardous menu items from delivery to the premises through to service to the consumer. Education of operators and food handlers regarding application of the new protocol is an important component of the Program. Public Health Inspectors visits to food premises are longer and more detailed depending on risk of communicable disease. The HACCP procedure, while providing a greater measure of safety, requires more Public Health Inspectors resources for implementation by 1992.

A high proportion of food illnesses emanate from the home. Because of this, initiatives on public awareness of food safety were made through the media in 1990, such as: "Making (Food) safety a top priority" (local newspaper); "Dispelling party foods myths" (local radio); "Back to School" (Lunch bag safety - local TV); and "Watch what you eat this Christmas - it could bite back" (local newspaper). Food safety education materials continue to be examined to ensure safety of the public. Co-operative efforts with Nutrition Services in media work and and education resources for the public were successfully achieved in 1990.

Carnivals, fairs and festivals are an increasing attraction in our community. Public health inspector's play a leading role in the preparation and monitoring of these happenings.

Public Health Inspectors continue to participate in national and provincial recalls of unfit foods. For example, a contaminated processed meat product was removed from sale in July 1990.

Reported food-borne illnesses in 1990 decreased. With the strengthening of the proper food safety program it is hoped that this trend will continue.



## **Healthy Environments**

**Health Goal**            The community will be a health-supporting environment in which people will be protected from adverse health consequences of exposure to toxic hazardous substances and conditions in homes, public places and the workplace.

### **Program Activities**

#### **Public Health Inspection Demand Services**

**Objective**            To ensure a prompt response to health related complaints with a view to improving the general health of the community.

Public Health Inspectors made some 11,000 visits and revisits (consistent with 1989) following up complaints regarding community sanitation, substandard housing, vermin and the environment. The Health Protection and Promotion Act, and the regulations which complement the Act govern the complaint program. The program improves unhealthy housing conditions by dealing with tenant complaints. While compliance to legislation is generally accomplished by education, discussion and orders, ten health nuisance cases were initiated for court proceedings. Two cases resulted in court orders to clean up large accumulations of rubble and debris at considerable cost to the owners.

Public health and environment inquiries are received each day in increasing numbers reflecting public awareness of this issue.

#### **Public Health Work Order Searches Against Properties**

**Objective**            To maintain public health standards through file searches to identify outstanding public health work orders against properties.

A total of 2223 requests for file searches by inspectors for work orders were conducted in 1990 as opposed to 3264 in 1989. The drop in real estate transactions explain the decrease in 1990. It is important that accurate information is obtained for clients to protect them in their decision to purchase the new property.

### **Part VII of the Environmental Protection Act**

**Objective:**            To protect the environment through safe and sanitary disposal of sewage.

The downward trend in the economy in 1990 resulted in less land development and thus fewer new private sewage disposal systems. However, 2,030 Public Health Inspector visits and investigations of these systems were conducted in 1990. Subdivisions, individual residences, variances and severances, institutional or business development and complaint investigations were processed. This program ensures that any development will not adversely affect ground or surface water supplies and requires sub-surface treatment of sewage. Water quality surveys invariably include assessment of sewage systems.

As a result of a Health Department initiative, Dundas Parkway Belt residents received piped water in 1988 and in 1990 a Ministry of the Environment subsidy to upgrade septic tank systems was approved. Public Health Inspectors assessed plans for upgrading of these systems.

Monitoring wells in new subdivisions were introduced by Public Health Inspectors as a condition of approval for subdivisions in 1990. This monitoring permits the impact of development to be measured before land development approvals are granted for further expansion.

In order to properly accommodate larger homes and septic tank systems, thereby maintaining water quality protection, plans are under way by the Region to increase residential lot sizes in unserviced areas. Coupled with stringent assessment and new technology, safe water quality and the environment will be better protected.

Continuing Health Department co-operation with the Ministry of the Environment, the Regional Departments of Planning and Engineering, the Municipal Building and Planning Departments and other agencies are vital to the success of this Program.

### **Regional Environment Office**

In 1990, the Department of Public Health Services took the lead in co-operation with the Departments of Engineering and Planning and Development to prepare a proposal for Regional Council with respect to the establishment of a Regional Environmental Office. The proposal was approved in principle by Council on February 5, 1991 and should be implemented over the next three years. The Regional Environmental Office will coordinate the work of regional departments that has an impact on the environment and develop corporate policy on environmental issues. It will be concerned both with the quality of the natural environment and health risks that may exist because of toxics in the environment. The Department of Public Health Services will be responsible for coordinating and developing databases on the status of the environment in the Region. It will also become a focus for information for the community about Regional activities that relate to environmental issues.

## Water Quality

**Health Goal** To improve the health of the population by reducing the incidence of water-borne illness.

### Program Activities

**Drinking Water:** Inquiries to Public Health Inspectors for information and public demand for assurances of safe drinking and well water supplies have increased. In particular, the communities of Millgrove and Carlisle required special attention by Public Health Inspectors.

Also in 1990, immediately upon learning from the Regional Engineering Departments Laboratory of the detection of sewage related bacteria in a communal well water supply in Carlisle, inspectors ordered water to be boiled by residents. The order was lifted after treatment of the water was implemented. Inter agency co-operation between the Ministry of the Environment, the Engineering Department of the Region (including the Laboratory) and the Department of Public Health Services led to stringent and increased monitoring of all piped communal well supplies within the Region.

Public Health Inspectors continued to regularly sample and monitor private well water supplies in schools, food premises, parks and other public use facilities.

Lake Ontario piped water supply which service virtually all of the Region's urban areas was operated without incident in 1990. This Health Department is notified by the Department of Engineering of the Region when any health related water problem occurs. The Engineering Department is responsible for treatment and monitoring of municipal Lake Ontario and communal well supplies.

The drinking water quality Program is related to the private sewage disposal Program. All proposed development in unserviced areas is closely assessed to prevent surface and ground water contamination. Proper implementation of these two Programs is essential to ensure safe water quality for today's and future generations in the Region.

**Recreational Waters:** Public Health Inspectors continued to monitor swimming pools, bathing beaches, whirlpools and spas within the Region for safety. Visits (1800) were made to pools and recreational bathing areas in 1990. Lake Ontario and Conservation Authority bathing areas were regularly sampled for bacteria, and warnings against swimming were posted when necessary. Warnings usually occurred during rainstorms when there were excessive run-offs and sediment disturbance. Swimming pools were regularly visited to monitor for proper bactericide content, safety and cleanliness. As a result, ten pools were closed for varying lengths of time in 1990. Lifeguards and pool operators attended pool safety seminars provided by Public Health Inspectors on a voluntary basis.

An inspector is a member of the Rural Beaches Steering Committee in Hamilton-Wentworth, an inter-agency panel which operates under the Provincial Rural Water Quality



Program. The aim of the program is to reduce and/or eliminate contamination of rural streams, rivers and lakes.

The Department of Public Health Services contributed to a Canadian Centre for Inland Water study on the feasibility of using areas of the Bay for recreational purposes. Warning against swimming in the bay has been in effect since the forties. The report is expected in 1991.

### **Research Activities**

A study of drinking water in the community of Millgrove, requested by Regional Council, was completed in 1990 by the Ministry of the Environment and Public Health Inspectors in the Department of Public Health Services. Findings revealed that a number of wells were contaminated by excessive levels of sodium, nitrates and bacteria which were related to poor individual well maintenance. As a result of the study, educational and information initiatives are being considered for well water quality control.



# Rabies Control

**Health Goal**                      To prevent the occurrence of rabies in humans.

## Program Activities

In 1990 no occurrences of rabies in humans were reported. However, sixteen cases of animal rabies were reported in Hamilton-Wentworth. This is a very low number in comparison to other jurisdictions. It is important to continue to encourage rabies reporting; to isolate and quarantine animals; conduct rabies education programs; encourage dog, cat and animal vaccination; ensure laboratory analyses and encourage prudent treatment. In 1990, one hundred and one people were inoculated with the rabies vaccine provided by the Department of Public Health Services following exposure to a confirmed or suspected rabid animal.

In an effort to decrease rabies in wild animals, the Ministry of Natural Resources developed oral vaccine baits. In 1990 a number of these baits were placed by the Ministry in Flamborough. Schools were notified of the program in order to alert children not to handle the baits. The Program still requires evaluation but control of the incidence of animal rabies should reduce the risk to humans.

Public Health Inspectors in the Rabies Program continue to co-operate with the Hamilton Society for the Prevention of Cruelty to Animals, Agriculture Canada, the Ministry of Natural Resources, physicians and Boards of Education.

Expansion of the Rabies Program is expected in 1992 to achieve Ministry of Health recommendations. Public education, investigation of all reported human-animal contacts and the observation of each animal before release from quarantine will be fully implemented when the program is expanded.



## **Emergency Response**

### **Health Goal**

To minimize health risk to the community as a result of a natural or man-made environmental emergency.

### **Program Activities**

Public Health Inspectors, in 1990, responded to a truck tanker spill on the border between the Brant County and Hamilton-Wentworth. On the Brant County side, evacuation of a number of homes took place. A disaster was avoided through the co-operative efforts of both municipal jurisdictions and the Province.

Readiness is vital to the emergency Response Program. Public Health Inspectors responded to a mock disaster in Glanbrook where much was learned in the debriefing session. Three Public Health Nurses were placed on standby, and all members of Nursing Division were notified of the event. Updating procedures, improving communication and maintaining staff readiness are necessary factors. The communication system was augmented by two telephone pagers and two cellular phones.

Public Health Nurses responded to a hydrochloric acid spill by stationing a Public Health Nurse in Ancaster High School, the Hamilton-Wentworth Department of Social Services designated evacuation site. The Public Health Nurse worked with evacuation site personnel monitoring the health status of evacuees and providing onsite counselling.

A Public Health Nursing Division representative is a member of the Hamilton-Wentworth Social Services Emergency Measures Committee as a Department of Public Health Services representative.

Public Health Inspectors and physicians met regularly with the Regional Emergency Control group in 1990. They attended seminars on a computerized emergency mapping and recording system and a practiced emergency response with "table top" emergency exercises. Developing emergency protocols for educational purposes for other agencies and encouraging agencies to become familiar with response techniques are important. Facilities such as the McMaster Nuclear Reactor, and the airport are examples of the need for liaison and preparedness in our large, industrialized community.



## **Non-Communicable Disease Investigation**

**Health Goal**                      To reduce adverse health outcomes from exposure to toxic chemical and physical agents in the environment.

### **Program Activities**

The Department of Public Health Services works very closely with the Ontario Ministries of Labour and Environment when health complaints related to overlapping responsibilities are received. Increasing public awareness, new technology and current research into chemicals are factors which require this Program to expand. Public Health Inspectors continued to investigate complaints of fumes and odours on a regular basis.

In 1990, Public Health Inspectors investigated complaints regarding asbestos in a high school, an apartment building and an auditorium. Also, Public Health Inspectors responded to continued efforts to accelerate ventilation improvements in a high rise office building. In addition, they took part in an investigation of a gasoline station tank leak which permeated city sewers and homes. Carbon monoxide levels in all arenas were monitored on a regular basis by the inspectors.

Public requests for information are received daily in regard to the Non-Communicable Disease Program. Proper information and referrals are made to appropriate agencies. Public Health Inspectors attended a number of public meetings to answer citizen concerns relating to toxic chemicals and proposed landfill sites.







# News



## Teaching Health Unit Program News

In order to fulfil its mandate in 1990 as a Teaching Health Unit to develop educational, research and service activities interdependently, the Department of Public Health Services continued to receive 100 percent funding for full-time equivalent personnel who have cross appointments with McMaster University and with the case of the nutritionist, with the University of Guelph. These personnel include full-time equivalent positions in nursing (four), medicine (two), epidemiology (one), nutrition (one). Also, a librarian technician and research assistants are funded through these special monies from the Ministry of Health. To provide further leadership in service, research and education, certain staff in the Department of Public Health Services are appointed to the Faculty of Health Sciences and certain members of the Faculty of Health Sciences are appointed to staff positions in the Department of Public Health Services. In total in 1990, there were 39 cross appointees with appointments in the Department of Public Health Services and McMaster University.

### Strategic Directions

In 1990, five-year strategic directions (goals) for teaching health unit activities within the Department of Public Health Services and its partner educational institutions were discussed. Highlights of accomplishments for each of these goals in 1990 are outlined here.

(1) ***Provide Innovative Approaches to Continuing Education for the Staff of the Department of Public Health Services and University Faculty in order to Promote Life-long Learning***

The Department of Public Health Services Library continues to distribute copies of current contents of the 80 journals in community health held in the Library. The Library continued its electronic reference searching and exploration of how to increase staff electronic searching skill to reduce demand on Library staff time.

Communicable Disease Committee staff were involved in the Health and Welfare Canada Sexually Transmitted Disease Contact Tracing Literature Review which has included use of the "Reference Manager" computer program within the Library.

(2) ***Provide Educational Opportunities for Students in Health Sciences and Other Education Programs and Promote Interdisciplinary Learning***

June 1990, the McMaster Community Medicine Residency Program began preparation for review of its accreditation status with the Royal College of Physicians and Surgeons. In addition, the Department of Public Health Services applied for accreditation as a training site for these residents.

Cross appointees had a major role in coordinating and implementing the fall 1990 two-day human sexuality session involving undergraduate medicine, nursing, physiotherapy and occupational therapy students. This is expected to be repeated in 1991.



Student encounters in the Department of Public Health Services reached a total of 502. Three types of student encounters in the Department continued to increase in 1990: orientation/ observation; participation in community health practice according to education program course requirements; and, participation in community health practice on an ongoing basis (for example, horizontal electives).

(3) ***Foster an Inquiring Environment which Results in the Planning, Utilization and Implementation of Community Health Research***

Through changes in community health education program requirements, increasing numbers of undergraduate, graduate and postgraduate students were involved in both development and evaluation of programs in the Department.

Cross appointees and Department staff identified research topics relevant to community health practice, developed research protocols, obtained funding from external agencies, carried out projects, and prepared research reports for presentation and publication. These activities were reported in four issues of the newsletter RAPPORT.

Thirty-two funded research projects were completed in 1990 or were in progress. Examples of research projects include: identification of risk modifiers for sexually transmitted diseases, health promotion for immigrants and refugees through English as a second language classes, health promotion for mentally disabled in the community, evaluation of Supermarket Safari, evaluation of Heart Smart Dining Guide, evaluation of methods to improve flu immunization among seniors, survey of seniors for the Canadian Study on Health and Aging, survey of health information needs in child care centres, child pedestrian safety initiatives.

The New Agenda Project assessed the impact of nursing team workshops intended to empower public health nurses to practice population based health promotion. The three-pronged evaluation included a measure of staff satisfaction; before/after assessments of regular program minutes and annual reports; and analyses of transcripts of staff focus groups.

(4) ***Provide Exemplary Programs and Services which are Innovative, Evaluated and Responsive***

The Department of Public Health Services supported the production of a regular community health status information report entitled INFOWATCH which was produced by the Health Priorities Analysis Unit in the Faculty of Health Sciences of McMaster University. It is distributed to 2,700 students, health providers and community leaders.

Cross-appointees were involved with numerous community agencies including Hamilton-Wentworth District Health Council committees, the Social Planning and Research Council of Hamilton and District, the Advisory Committee to the 1990 Ontario Health Survey, and the Ontario Public Health Association.

(5) *Collaborate on Specific Projects with Other Health Units and Educational Institutions*

The Hamilton-Wentworth Department of Public Health Services was assigned responsibility for coordination of a six-month pilot project on the implementation of Community Health Status Information Programs in health units in the Central West region of the Province (Niagara, Haldimand-Norfolk, Brant, Waterloo, Wellington-Dufferin, Halton).

Hamilton-Wentworth and Kingston health units were assigned responsibility for developing, in cooperation with other health units, model nutrition and physical activity promotion programs for children.

Review of the feasibility of a Central West health unit library network was begun.

We thank the Teaching Health Unit staff for their contributions to the success of the Program.

## **Administration Division News**

The Administration Division had an approved staff complement of eight at December 31, 1990. A new management position, Office Supervisor, was added to the division in 1990. The current Administration Division organization includes a Courier, Main Switchboard Operator, Routine Clerk, Disbursements Coordinator, Senior Secretary, Supervisor of Administration, Office Supervisor and the Director of Administration.

The major responsibilities of the Administration Division include financial planning, budgetary control, fiscal and human resource policy/procedure interpretation and compliance, facilities planning and control, information systems coordination, and planning and coordination of general administrative activities. The Administration Division also represents the primary fiscal/administrative liaison with the Region of Hamilton-Wentworth and the Ontario Ministry of Health.

Preparing and delivering (by March 15, 1990) the 1990 Ministry of Health Budget in the new Program Planning and Budgeting format was a significant achievement for the Administration Division. The new financial planning process was a detailed and complicated exercise. Further, we were pleased to be able to play a role in securing Regional approval of approximately 30 staff expansions for 1990 as we embarked on our New Mandatory Programs implementation.

The Administration Division provided some field support to the Ministry of Health in 1990 by participating with a Program Planning and Budgeting Automation Project Team. We are confident our contributions expedited the development of a user-friendly software package which will significantly streamline the new Ministry Budget process.

The latter part of 1990 saw preparations for the new Freedom of Information and Protection to Personal Privacy Act accelerate. The Administration Division coordinated the preparatory efforts of the Department in-concert with the Region's Clerks Department. The Department was well prepared to handle information requests for January 1, 1991.

Sincere thanks are offered to the staff of the Administration Division for their dedicated efforts during 1990.



## Child & Adolescents Division News

The Child and Adolescent Services Division, funded 100 percent by the Ministry of Community and Social Services, has historically been involved in secondary intervention programs delivered through the Department of Public Health Services. Recently the "Sullivan paper" **Investing in Children** and the Ontario Child Health Studies propose that prevention activities receive greater emphasis by Children's Mental Health Centres.

Ministry of Health Mandatory Programs also reinforce "health" and "wellness". To this end, Child and Adolescent Services Division has undertaken a commitment to both prevention activities and secondary intervention activities in its long range planning process.

The mission of the Child and Adolescent Services Division is to: promote mental health in children, adolescents and families through responsive intervention and prevention programs within the Regional Municipality of Hamilton-Wentworth.

Clinic goals and service planning continue to be responsive to client/community needs through maintaining a high level of collaboration with others in the Department of Public Health Services as well as with community agencies.

A significant event this year was the move of the Main Clinic to 100 Main Street East in June 1990. The Open House on November 15, 1990 was attended by a cross section of agency people as well as local politicians. We were especially pleased that Mr. David Christopherson, who was elected to the provincial legislative assembly, could attend the ribbon cutting.

Child and Adolescent staff include: Child Care Workers, Psychologists, Psychometrists, Social Workers, Speech/Language Pathologists, Pediatricians, and Psychiatrists. Emphasis is placed on maintaining the multidisciplinary staffing pattern in all clinic service programs. Average length of staff service with the clinic is eight years. This stability and quality of services has led to a confidence in the clinic by both consumers and other community agencies. We thank the staff for their continued support in maintaining the high level of quality of our services.

## Dental Division News

Staff in the Dental Division of the Department of Public Health Services consisted of two full time and three part time Dentists, two full time and one part time Dental Hygienist, six Dental Health Educators, three chair side Dental Assistants, one Secretary, a Program Supervisor who is also a hygienist and one dental director.

The Dental Health Month in 1990 was a joint effort of the Dental Public Health Division, the Hamilton Academy of Dentistry and area political figures. Thanks are extended to Regional Chairman Mr. Reg Whynott for his enthusiastic participation in our 'dental trivial pursuit' contest which was held at the Hamilton Public Library. Councillor Ann Sloat was the winner of the contest. The children who were in attendance enjoyed the hour long 'show'. Area high schools participated in presenting 'home made videos' depicting various aspects of dental prevention. St. Thomas Moore, Westdale Secondary and Sir Allan McNab schools mounted creative presentations.

The Dental Division wishes to thank all of the staff who worked together to make a valuable contribution to the communities of Hamilton Wentworth in 1990.



## Inspection Division News

One of Four Beliefs created and adopted by Inspection Services Division in 1990 was: Inspection Services is a Community Resource for Health Protection and Promotion.

Inspection Services, in 1990, focused on the following programs and services: Food Safety; Outbreak and infection control; Complaint and information response; Private sewage disposal systems; Emergency and non-communicable disease; Rabies control; Water quality; and Second level lodging houses and other institutions. At least one of these Programs impacts on each person in the community at some moment in every day.

The appointment of a Project Co-ordinator has enabled the Inspection Services Division to increase its efforts in the area of continuing staff education, high profile investigations, public education, media initiatives and emergency response.

Virtually all Programs involving Public Health Inspectors are provincially mandated and increased resources will be needed to fully implement Ministry of Health Public Health Program and Service Guidelines by 1992. This decade will bring challenges requiring the blending of both old and new techniques of service delivery with health promotion, education, enforcement, research and interdisciplinary activities to achieve a healthier community.

The lack of sufficient qualified Public Health Inspectors throughout Canada created recruitment difficulties in a large number of health agencies including Hamilton-Wentworth. This difficulty hopefully will be resolved in the near future in order that uninterrupted program delivery can be achieved.

The Inspection Division thanks all staff who worked cooperatively to ensure the health of the citizens of Hamilton-Wentworth in 1990.



## Nursing Division News

Throughout 1990 members of the Nursing Division undertook significant analysis of existing programs. The programs were reviewed in comparison to the requirements of the Ministry of Health Mandatory Programs and vocalized community needs.

More emphasis was given to encouraging supportive social environments through increased group activities. In particular there were significantly more health related group sessions for adolescents and for seniors. An array of alternative programs were initiated for the Healthy Children Program.

Nursing staff continued to strengthen partnerships with the community through participation in 155 committees outside the Health Department. New initiatives included piloting prenatal classes specifically for Vietnamese and Spanish speaking people.

Nursing services are offered in schools, homes, community health centres, community agencies, and a few physician offices. Although most of the activities are undertaken from Monday to Friday, weekend and evening services are available. During regular office hours Public Health Nurses are available on the intake telephone line to the public and other professionals for consultation and intake referrals. In 1990, 745 referrals were received. In addition, the program handled 5,316 calls regarding health issues and access to health care.

The nursing staff teams are organized according to Human Growth and Development stages (ie parent-child, school age, adolescents, adults and seniors). A number of activities are implemented across teams with the Nursing Division or with colleagues from other Divisions in the Health Department:

- o The Bereavement services, for example continue to be heavily accessed by the community. The team is comprised of representatives from each of the Programs involving nurses. The activities include home visiting; telephone counselling; education for other health professionals including physicians, occupational therapists, physiotherapists, etc. and other public health services. A research project evaluating the impact of the bereavement service has begun.
- o Communicable disease control also involves nurses from across Programs. Considerable program development in this area is underway.

Public Health Nurses have provided extensive opportunities for McMaster Health Sciences students for public health practice experiences. The student placements ranged from one day observations to comprehensive practice experiences that required regular hours over a 13 week term. Significantly, 37 undergraduate Bscn students were placed singly or in groups. They participated in a variety of research projects for their research course. In addition to level 2,3, and 4 nursing students, medical students, graduate students and Aga Khan students participated in our educational opportunities.

We continue to provide for staff education through in-house sessions and making use of external opportunities. This year the following issues were emphasized: Hepatitis B, health promotion models, teaching strategies, substance abuse, writing skills and preceptor skills.

The Nursing Division is comprised of 136 Public Health Nurses (99 full time equivalents); six Registered Nurses; two Registered Nursing Assistants; eighteen Nurse Managers (including four Clinical Nursing Consultants) and twenty-two support staff. The annual turnover declined to 7 percent in 1990 but the rate of maternity, education and long term disability leaves increased to 13 percent.

The nursing staff receives many letters from the public for the fine work that they do. Sincere thanks to all staff in the Nursing Division for their hard work and excellent results in 1990.



## Nutrition Division News

The mission of Public Health Nutrition Services is to optimize the nutritional status of the population by: providing nutrition education programs and services with a primary prevention and health promotion focus; working in partnership with the community to create environments that support healthy eating and physical activity; and encouraging the implementation of food and nutrition policy for the benefit of the residents of this Region. Activities are guided by the three objectives of the Nutrition Promotion Standard within the Ministry of Health Mandatory Programs and Services Guidelines for Public Health in Ontario. These are: to increase the prevalence of sound nutrition practices; to increase the prevalence of healthy weight maintenance and attainment; and, increase access to sufficient, nutritious and personally acceptable foods.

These objectives are also implicit in all of the Healthy Growth and Development Programs recommended by the Ministry of Health.

In 1990, the Ministry of Health approved three expansion requests for Public Health Nutritionists to work in the Healthy Children, Healthy Adolescent and Healthy Elderly Programs of the Ministry standards. Three Public Health Nutritionists joined the Health Department in October, 1990, adding to the services being provided by the Director of Nutrition Services, the incumbent Public Health Nutritionist and the Public Health Dietitian. In 1990, the new Public Health Nutritionists joined internal and external community networks and initiated nutrition promotion needs assessment. The program activities of the Nutrition Division are supported by three very dedicated secretaries.

The Nutrition Division thanks the staff for its enthusiastic support and hard work in the successful promotion of healthy nutrition in Hamilton-Wentworth.





**People in the Department of  
Public Health Services  
in 1990**



## People in the Department of Public Health Services in 1990

Chair, Council of the Regional Municipality  
of Hamilton-Wentworth (Board of Health) ..... Reg Whynott

### Health and Social Services Committee of the Regional Municipality of Hamilton-Wentworth

Chair - (January to September 1990) ..... David Christopherson

Chair - (September to December 1990) ..... Dominic Agostino

Councillor John Addison

Councillor Geraldine Copps

Councillor Glen Etherington

(September to December, 1990) Councillor Vince Formosi

Councillor Robert Hodgson

Councillor Tom Jackson

Councillor Stan Napper

(January to September, 1990) Councillor John Smith

(September to December 1990) Councillor Dave Wilson

Regional Chairman Reg Whynott

Chief Administrative Officer

Regional Municipality of Hamilton-Wentworth ..... W. McMillan Carson

### Management Committee

Chair, Medical Officer of Health ..... Dr. Fran Scott

Director of Dental Services ..... Dr. John Bakti

Teaching Health Unit Coordinator ..... Dr. Larry Chambers

Associate Medical Officer of Health ..... Dr. Brian Gibson

Director of Inspection Services ..... Frank Shimoda

Director of Nutrition Services ..... Helen Hale Tomasik

Director of Nursing Services ..... Jane Underwood

Director of Child and Adolescent Services ..... Hank Van Dooren

Acting Associate Medical Officer of Health ..... Dr. Megan Ward

Continued . . . .



## People in the Department of Public Health Services in 1990 (Continued)

Abramowitz, Hannah . . . . .	Nursing	Caughell, Lorraine . . . . .	Nutrition
Adams, Michele . . . . .	Nursing	Chan, Edward . . . . .	Inspection
Adamyk, Diane . . . . .	Nursing	Chiasson, Chris . . . . .	Nursing
Alderson, Kathy . . . . .	Nursing	Chiotitti, Rose . . . . .	Nursing
Ames, Alison . . . . .	Nursing	Chong, Dr. John . . . . .	Teaching Health Unit
Ananthaswamy, Meera . . . . .	Nursing	Chown, Kelly . . . . .	Nursing
Baguley, Joanne . . . . .	Nutrition	Choy, Deanna . . . . .	Inspection
Bajzert, Pamela . . . . .	Child & Adolescent	Ciliska, Dr. Donna . . . . .	Teaching Health Unit
Ball, Helen . . . . .	Child & Adolescent	Clancy, Anne . . . . .	Administration
Bannon, Carolyn . . . . .	Inspection	Clarke, Debra . . . . .	Nursing
Banz, Monica . . . . .	Nursing	Connell, Kristine . . . . .	Nursing
Barnett, Kelly . . . . .	Dental	Connell, Erin . . . . .	Nursing
Barr, Dorothy . . . . .	Nursing	Cook, Dr. Peter . . . . .	Teaching Health Unit
Barron, Marg . . . . .	Dental	Corbett, Grant . . . . .	Alcohol and Drug
Beam, Malcolm . . . . .	Child & Adolescent	Cormier, Suzanne . . . . .	Nursing
Beauchamp, Patty . . . . .	Child & Adolescent	Cornale, Mary . . . . .	Nursing
Bell, Sherry . . . . .	Nursing	Corradetti, Marianne . . . . .	Nursing
Bell, Barbara . . . . .	Nursing	Cowan, Doreen . . . . .	Nursing
Bersenas-Cers, Zita . . . . .	Nutrition	Cowan-Sobering, Cindy . . . . .	Dental
Bethune, Jean . . . . .	Nursing	Cowling, Robert . . . . .	Child & Adolescent
Beyer, Linda . . . . .	Nursing	Craig, Karen . . . . .	Alcohol and Drug
Birchard, Edna . . . . .	Child & Adolescent	Cunningham, Donna . . . . .	Child & Adolescent
Black, Marg . . . . .	Teaching Health Unit	Currie, Lynda . . . . .	Nursing
Blake, Gary . . . . .	Administration	Czerwinski, Janice . . . . .	Nursing
Blaney, Olga . . . . .	Nursing	D'Ambrosio, Anna . . . . .	Administration
Bochsler, Dianne . . . . .	Nursing	D'Ambrosio, Josie . . . . .	Administration
Bodden, Cathie . . . . .	Nursing	Dafoe, Regina . . . . .	Nursing
Bollinger, Nancy . . . . .	Nursing	Davidson, Kathy . . . . .	Nursing
Borg, Ray . . . . .	Child & Adolescent	Dean, Tish . . . . .	Administration
Bowman, Ann . . . . .	Nursing	DeMing, Andrea . . . . .	Administration
Boyle, Dr. Michael . . . . .	Teaching Health Unit	Derubeis, Joanne . . . . .	Nursing
Brady, Mike . . . . .	Inspection	DeSantis, Tracy . . . . .	Inspection
Braun, Heather . . . . .	Child & Adolescent	Desender, Caroline . . . . .	Nursing
Brennan, Lorraine . . . . .	Inspection	Detlor, Gill . . . . .	Nursing
Brown, Barbara . . . . .	Teaching Health Unit	Dobbins, Maureen . . . . .	Nursing
Brown, Elizabeth . . . . .	Nursing	Doering, Cathy . . . . .	Nursing
Buchanan, Sue . . . . .	Nursing	Doherty, Mildred . . . . .	Nursing
Buffett, Cathy . . . . .	Nursing	Donald, Anne . . . . .	Child & Adolescent
Busser, Diane . . . . .	Nursing	Doobay, Bert . . . . .	Inspection
Byrne, Carolyn . . . . .	Teaching Health Unit	Douglas, Christina . . . . .	Nursing
Cabral, Pam . . . . .	Nursing	Douglas, Cathy . . . . .	Nursing
Candlish, Jackie . . . . .	Nursing	Draper, Barb . . . . .	Nursing
Carpenter, Donna . . . . .	Nursing	Duncan, Janet . . . . .	Nursing
Carreiro, Maria . . . . .	Nursing	Dynes, Marg . . . . .	Nursing
Casagrande, Marg . . . . .	Nursing	Eaves, Teresa . . . . .	Nursing
Catarino, Carlo . . . . .	Inspection	Edwards, Nancy . . . . .	Teaching Health Unit

## People in the Department of Public Health Services in 1990 (Continued)

Elliott, Helen	Nursing	Hoffmeyer, Linda	Nursing
Elliott, Pat	Nutrition	Hunter, Bill	Inspection
Etoroma, Faridat	Nursing	Hurst, Paul	Child & Adolescent
Farmer, Barb	Nursing	Hutchings, Leslie	Nursing
Ferguson, Kathy	Nursing	Ide, Lillian	Nursing
Filer, Corrine	Nursing	Inouye, Karen	Nursing
Forchuk, Cheryl	Teaching Health Unit	Isaacs, Sandy	Nursing
Ford, Jim	Inspection	Izzotti-Ribbins, Diane	Child & Adolescent
Fortuna, John	Inspection	Jackson, Karen	Nursing
Fox, Ann	Dental	Jacobs, Audrey	Nursing
Francis, Sandra	Inspection	Jacobs, Carolyn	Inspection
Fraser, Kelly	Inspection	Jaynes, Tim	Inspection
Fredson, Muriel	Administration	Johnson, Cathy	Nursing
Freeburn-Conry, Erin	Child & Adolescent	Johnson, Nancy	Teaching Health Unit
French, Lorraine	Nursing	Johnstone, Terry	Nursing
French, Susan	Teaching Health Unit	Jones, Gail	Inspection
Fric, Christine	Nursing	Jordison, Diana	Nursing
Furlong, Betty	Nursing	Kates, Dr. Nick	Teaching Health Unit
Gaasenbeek, Donna	Nursing	Kauppinen, Steve	Inspection
Gaddy, Maxine	Dental	Kawamura, Jane	Nursing
Gallant, Leslie	Nursing	Kennedy-Symonds, Holly	Nursing
Garrison, Lynn	Nutrition	Kennedy, Anne	Nutrition
Genyk, Dr. George	Dental	King, David	Inspection
Gillespie, Ellen	Nursing	Kingdon, Monica	Nursing
Goldblatt, Elena	Teaching Health Unit	Kington, Cindy	Nursing
Gosain, Dr. Hemant	Dental	Kirk, Liz	Nursing
Grant, Dr. Lorna	Teaching Health Unit	Kolaric, Sanja	Inspection
Gray, Brenda	Child & Adolescent	Kolbe, Faron	Inspection
Greaves, Nancy	Nursing	Komorowski, Chris	Inspection
Greenfield, Susan	Nursing	Kozelj, Veronica	Inspection
Greenway, Gord	Child & Adolescent	Kuzmenko, Moria	Dental
Greig, Kim	Nursing	Lapointe, Kelly	Nursing
Grieco, Linda	Child & Adolescent	LaRocca, Tony	Administration
Hack, Tricia	Nursing	Lau, Diane	Nursing
Haist, Karen	Nursing	Laur, Verna	Nursing
Halbert, Tracy	Nursing	Lawlor, Yvonne	Nursing
Hand, Joyce	Child & Adolescent	LeClair, Dr. Ken	Teaching Health Unit
Harber, Rachelle	Nursing	Leclerc, Cindy	Nursing
Harding-Cruz, Susan	Inspection	Lee, Herb	Inspection
Harkness, Pat	Nursing	Lee, Cheryl-Anne	Nursing
Harmer, Maureen	Nursing	Leenstra, Fred	Inspection
Hathirimani, Linda	Nursing	Lemay, Nancy	Nursing
Hester, Rebecca	Inspection	Leturdu, Anne	Child & Adolescent
Hicks, Cathy	Nursing	Lickley, Kathryn	Nursing
Hilbert, Rosemary	Alcohol and Drug	Little, Brenda	Nursing
Hishon, Judith	Inspection	Locs, Anna	Nursing



## People in the Department of Public Health Services in 1990 (Continued)

Long, Nancy	Nursing	Nelson, Lorraine	Nursing
Loughlin, Clare	Teaching Health Unit	Nevin, Janet	Nursing
Love, Gayle	Nursing	Newmark, Suzanne	Nursing
Lumsden, Janet	Nursing	Nishimura, May	Nursing
Lundy, Grant	Inspection	North, Lynn	Nursing
Luton, Jackie	Dental	Noto, Agnes	Nursing
Luubert, Lisa	Child & Adolescent	Novak, Brenda	Nursing
MacDonald, Sandy	Inspection	Nowak, Eleanor	Nursing
MacDonnel, Judy	Nursing	Nyitrai, Linda	Nursing
MacKinnon, Sharon	Nursing	O'Brien, Mary	Nutrition
MacLeod, Roberta	Nursing	O'Connor, Karen	Nursing
Mahabir, Chiyoko	Nursing	O'Mara, Linda	Teaching Health Unit
Mandryk, Don	Child & Adolescent	Overbaugh, Wendy	Child & Adolescent
Marcelissen, Leslie	Nursing	Overby, Barbara	Nursing
Marcotte, Brenda	Inspection	Oxman, Dr. Andy	Teaching Health Unit
Martin, Kim	Nursing	Pankhurst, Marilyn	Inspection
Martin, Barbara	Dental	Passarelli, Mike	Inspection
Martin, Cheryl	Inspection	Paterson-Watt, Myrna	Nursing
Martin, Corrine	Nursing	Pezzetta, Ellen	Nursing
Mason, Janet	Nursing	Pickard, Laura	Teaching Health Unit
Mathews, Eric	Inspection	Ploeg, Jenny	Nursing
Mawson, Dene	Inspection	Pocsa, Rose	Nursing
McArthur, Glenda	Nursing	Pond, Myna	Nursing
McCauley, Joseph	Inspection	Powell, Patricia	Inspection
McCormick, Robyn	Nutrition	Power, Darlene	Nursing
McDonagh, Elaine	Child & Adolescent	Prior-Coxhead, Nancy	Alcohol & Drug
McDonald, Joan	Nursing	Prokupek, Alice	Nursing
McFadden, Lorraine	Nursing	Pulver, Mary	Nursing
McGee, Sam	Inspection	Racki, Andreja	Nursing
McInnis, Dan	Inspection	Reed, Grace	Nursing
McIntosh, Kathy	Dental	Regan, Marg	Nursing
McKay, Ray	Inspection	Reichert, Carol	Nursing
McMillan, Theresa	Nursing	Reid, Elaine	Inspection
Meggison, Hillary	Child & Adolescent	Resovac, Susie	Nursing
Metz, Helen	Child & Adolescent	Rety, Zsusi	Nursing
Miguel, Michele	Administration	Ricker, Sharon	Child & Adolescent
Milin, Lucia	Child & Adolescent	Rietdyk, April	Nursing
Monti, Dr. Liliana	Child & Adolescent	Ripton, Cindy	Nursing
Moore, Gail	Nursing	Rizzi, Charlene	Inspection
Mowat, Janyth	Nursing	Robertson, Laura	Nursing
Mueller, Daina	Nursing	Rossetto, Michelle	Nursing
Nagel, Dan	Inspection	Rusan, Helen	Child & Adolescent
Napper, Lydia	Teaching Health Unit	Sahota, Devinder	Inspection
Nauta, Marcia	Nursing	Salci, Joann	Nursing
Nelligan, Penny	Nursing	Schachter, Barb	Nursing
Nelson, Diane	Nursing	Scheerer, Julie	Nursing



## People in the Department of Public Health Services in 1990 (Continued)

Schofield, Ruth . . . . .	Nursing	Valaitis, Ruta . . . . .	Teaching Health Unit
Scott, Darlene . . . . .	Nursing	Vallance, Betty . . . . .	Nursing
Sellers, Dr. John . . . . .	Teaching Health Unit	Van Dover, Dr. Leslie	Teaching Health Unit
Shalmi-Dolina, Lily . . . . .	Nursing	VanBerkel, Colleen . . . . .	Nursing
Sheehan, Debbie . . . . .	Nursing	Vance, Betty . . . . .	Nursing
Sheppard, Kim . . . . .	Nursing	Vandergugten, Simone . . . . .	Nursing
Shewfelt, Gail . . . . .	Nursing	Vanderhout, Susan . . . . .	Nursing
Siebert, Gerry . . . . .	Nursing	Vandermeulen, Peter	Child & Adolescent
Simonji, Grace . . . . .	Nursing	Vanderveken, Audrey . . . . .	Nursing
Siracusa, Leanne . . . . .	Nursing	VanDooren, Hank . . . . .	Child & Adolescent
Smirnios, Teri . . . . .	Nursing	Verbickas, Marie . . . . .	Nursing
Smith, Kristen . . . . .	Alcohol & Drug	Verhaeghe, Connie . . . . .	Nursing
Smith, Susan . . . . .	Nursing	Voorberg, Nancy . . . . .	Nursing
Smye, Vicki . . . . .	Nursing	Walberg, L.M . . . . .	Alcohol & Drug
Souter, Ellen . . . . .	Nursing	Walker, Nora . . . . .	Nursing
St. John-Peirce, Lynne . . . . .	Nursing	Wallman, Clara . . . . .	Nursing
Stacey, Arlene . . . . .	Nursing	Walter, Dr. Steve . . . . .	Teaching Health Unit
Steele, Michelle . . . . .	Child & Adolescent	Wardrope, Diana . . . . .	Nursing
Steinnagel, Brenda . . . . .	Nursing	Wassell, Debbie . . . . .	Nursing
Stolar, Aline . . . . .	Child & Adolescent	Watson, Mary . . . . .	Child & Adolescent
Stott, Joanna . . . . .	Nursing	Waud, Corinne . . . . .	Nursing
Stowe, Kim . . . . .	Dental	Weber, John . . . . .	Inspection
Stoyakovich, Olga . . . . .	Dental	Webster, Joyce . . . . .	Administration
Strobl, Linda . . . . .	Nursing	Wheeler, Connie . . . . .	Nursing
Symons-Moulton, B. . . . .	Child & Adolescent	Whelton, Charles . . . . .	Teaching Health Unit
Szozda, S.L . . . . .	Nursing	Wiebe, Lee Anne . . . . .	Nursing
Tamondong, Luz . . . . .	Nursing	Wilsack, Maureen . . . . .	Nursing
Tangney, Mary Anne . . . . .	Nursing	Wilson, Nancy . . . . .	Inspection
Tedeschi, Rose . . . . .	Dental	Witmer-Allen, Debra . . . . .	Nursing
Terrio, Kelly . . . . .	Nursing	Witt, Terry . . . . .	Child & Adolescent
Thomas, Kim . . . . .	Alcohol & Drug	Woodcox, Vicki . . . . .	Nursing
Thomas, Helen . . . . .	Teaching Health Unit	Woodside, Dr. Donald	Child & Adolescent
Thompson, Mary . . . . .	Nursing	Woolner, Karen . . . . .	Nursing
Thompson, Sherry . . . . .	Nursing	Young, Maxine . . . . .	Administration
Thomson, Laverne . . . . .	Dental	Yu, Brenda . . . . .	Nursing
Thomson, Carol . . . . .	Dental	Zinkewich, Ron . . . . .	Inspection
Tolmeo, Ornella . . . . .	Nursing		
Tompkins, Pat . . . . .	Alcohol & Drug		
Tonus, Wanda . . . . .	Inspection		
Tudor, Victoria . . . . .	Nursing		
Tuff, Kathy . . . . .	Nursing		
Turner, Carolynne . . . . .	Teaching Health Unit		
Tyrrell, Ann . . . . .	Nursing		
Urban, Susan . . . . .	Inspection		
Ursino, Catharine . . . . .	Nursing		
Vaiciunas, Maria . . . . .	Nursing		



**Scientific Publications  
in 1989 - 1990**





## Scientific Publications in 1989 - 1990

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Department of Public Health Services  
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